

# WASHINGTON STATE WORK STUDY PROGRAM

## EMPLOYER INFORMATION CHANGE REQUEST

Submit this form to the college(s) you work with to update your State Work Study (SWS) information.

**Note:** If your Employer Identification Number (EIN), Unified Business Identifier Number (UBI), job title or job description duties have changed, you **cannot** use this form. Please contact the State Work Study program at 360-753-7861 or sws@wsac.wa.gov.

Name of Business or Organization: \_\_\_\_\_

Employer Identification Number (EIN) & Suffix, if applicable: \_\_\_\_\_

### Change in Business Information

Check the box next to the item that needs updated and provide the current information.

☐ Name of Business or Organization: \_\_\_\_\_

☐ Phone Number: \_\_\_\_\_

☐ Contact Person: \_\_\_\_\_

☐ Business Address: \_\_\_\_\_  
Address City State Zip

☐ Mailing Address: \_\_\_\_\_  
Address City State Zip

☐ Email Address: \_\_\_\_\_

### Change in Pay Rate Information

The Student Achievement Council requires an explanation (in the comment section below) for pay rates that exceed \$25.00 per hour as well as a decrease in pay.

Position Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Pay Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Effective: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Minimum Maximum Month / Day / Year

Comments: \_\_\_\_\_

Signature of Employer Representative

Date

### FOR COLLEGE USE ONLY

Signature of Student Employment Administrator

Name of College / Institution Code

Date

### FOR COUNCIL USE ONLY

Signature of Student Achievement Council

Date