

WASHINGTON STATE WORK STUDY PROGRAM

EMPLOYER INFORMATION CHANGE REQUEST

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

Note: If your Unified Business Identifier Number (UBI#), Employer Identification Number (EIN), 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@hecb.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: _____
Physical Street Address City State Zip

Reimbursement Address: _____
Mailing Address City State Zip

E-Mail Address: _____

Change in Pay Rate Information

The Higher Education Coordinating Board 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 HECB USE ONLY

Signature of Higher Education Coordinating Board

Date