



Community Colleges of Spokane WORKSTUDY NOTIFICATION OF INELIGIBILITY

FOR MEMBERSHIP IN THE WASHINGTON STATE RETIREMENT SYSTEM

Student name _____ SID - -

Academic year beginning September 1, 20_____ Campus _____

Check all that apply: Fall Winter Spring Summer

I am currently enrolled in courses at the Community Colleges of Spokane (CCS) and have been awarded a work-study position in the period and campus indicated above.

I hereby understand that the position held by me at CCS as a work-study student is considered ineligible for participation in a Washington State Department of Retirement Systems (DRS) retirement plan.

I understand that I may appeal for eligibility in the future by contacting the CCS Employee Compensation Office for a determination.

I wish to appeal the ineligibility status of my position at CCS for participation in a DRS retirement plan.

I understand that if my position is determined to be eligible, my status will change from student to career employee and the CCS payroll office begin deducting the employee DRS contribution at the applicable rate. I also understand that the payroll office will begin withholding FICA taxes unless I'm enrolled in CCS classes totaling 6 or more credits (students enrolled in 6 or more credits are exempt from FICA taxes).

If you would like additional information regarding your options, please contact the CCS Employee Compensation Office at 434-5285.

I have read and understand the options provided in this document as indicated by my selection above. I understand that if the conditions of my position change, I must notify the Employee Compensation office for a reassessment of my position eligibility.

Work-study student signature

Date

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| To be completed by department: | |
| Form received by: | |
| Date form received: | |
| Date form forwarded to Employee Compensation Office if applicable: | |