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 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

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