

**NON-STOUT STUDENT EMPLOYMENT WORK AUTHORIZATION**

State Payroll

Student Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

School Enrolled In \_\_\_\_\_

Current Term Credits \_\_\_\_\_

Forms Needed      W-4 \_\_\_\_\_ I-9 \_\_\_\_\_ DD \_\_\_\_\_ Student ID \_\_\_\_\_ Work Permit (if under age 18) \_\_\_\_\_

Verification of Enrollment (Class Schedule) \_\_\_\_\_

**Student:** For State Payroll, I certify I meet the eligibility criteria. I will not exceed 25 hours of work per week during Fall and Spring semesters. Students who are 16 and 17 years old will be able to work 26 hours during a school week. They are not to exceed those hours per state law. This took effect January 1, 1992. **Students under age 18 must furnish a work permit prior to starting employment.** I understand falsification of employment records will result in immediate termination of employment and possible university sanctions.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Males:** According to Federal Law, all male U.S. citizens, and male aliens living in the U.S., who are 18 through 25 years of age, are required to register with Selective Service. Failure to comply with this law will prevent employment by the State of Wisconsin. I certify that I have registered with Selective Service.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENTAL EMPLOYER**

Department Name: \_\_\_\_\_ Account Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Job Description: \_\_\_\_\_ (Maximum 30 characters / be specific)

Date Employment Starts: \_\_\_\_\_ Date Employment Ends: \_\_\_\_\_

Starting Hourly Wage: \_\_\_\_\_ OR Non-hourly Differential Rate? Yes [ ] No [ ]

Position of Trust?: (i.e. access to vulnerable population; use of master keys/card access to offices, facilities, or worksites other than own worksite, including residential housing facilities; financial/fiduciary responsibilities of 50% or more)  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, a criminal background check will be processed by the HR Office and the cost will be charged to the account on this form above.

**I certify that I will adhere to the supervisory provisions and employment guidelines as stated in the UW-Stout Student Employment Supervisor's Handbook.**

Print PRIMARY Supervisor's Name (Responsible for approving Employee's hours): \_\_\_\_\_

Print BACK UP Supervisor's Name  
 (Responsible for approving Employee's hours IF Primary Supervisor is unable to): \_\_\_\_\_

Print Account Administrator's Name: \_\_\_\_\_

Account Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed Work Authorization and Payroll Forms to: HUMAN RESOURCES – 203 ADMIN

- Incomplete Work Authorizations will be returned to the Primary Supervisor's attention.
- Must be submitted on the last Friday of the pay period to ensure payment will be received on correct payment date.