

**NON-STOUT STUDENT EMPLOYMENT AUTHORIZATION**

STUDENT MUST PRESENT THIS FORM TO CAMPUS EMPLOYER

**HUMAN RESOURCES**

State Payroll Authorization

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

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

Residence State \_\_\_\_\_

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

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

Forms Needed                    W4   I9   SSN   DD   Student ID   Class Schedule   Work Permit  
(if under age 18)

**Student:** For State Payroll, I certify I meet the eligibility criteria. I will not exceed 40 hours of work per week. 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: \_\_\_\_\_ Datatel Account Code: \_\_\_\_\_ - - - - -

Job Code Description: \_\_\_\_\_ Job Code: \_\_\_\_\_

Job Group 01 – <i>Service/Support</i>	Job Group 02 – <i>Instructional Support</i>	Job Group 03 – <i>Non-hourly</i>
<input type="checkbox"/> Student Employee	<input type="checkbox"/> Student Employee	<input type="checkbox"/> Check
<input type="checkbox"/> Paraprofessional	<input type="checkbox"/> Paraprofessional	(if applicable)

Date Employment Starts: \_\_\_\_\_ Starting Hourly Wage: \_\_\_\_\_

**Background Check? Yes [ ]**

Differential Rate? Yes [ ]

**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 Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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