Student Payroll Referral/Authorization to Work - Regular Program

University of Wisconsin Stevens Point, WI 5448				Student Payroll Office 133 Old Main Building (715) 346 - 4085	
Term of Employment:		_ Summer	(or)	Academic Year	
Student Employee					
Please complete an I-9 and W-4 form at Student Payroll. Students will not be entered into HRS without a completed I-9, W-4 and referral.					
Name of Student:	Last, First, Middle Initi	al		_ SSN:	
Permanent Address:				_ Phone: (Area Code)	
	City, State, Zip			-	
Local Address:	City, State, Zip			Phone: (Area Code)	

Student hours cannot exceed 25 hours a week, averaged over the period of enrollment. During vacation periods and between semesters, a 40-hour week is possible. Overtime will be paid at time and one-half.

Birthdate:

Male Female

Employer/Supervisor: Plea	ase complete <u>each</u> blank.		
Account Code	Department	Phone #	
Rate \$ Per Hour	Supervisor Signature		
	Starting Date Of Employment Th	is Term	
Title Of Job		Date	
The wage rate may be dete	paid <u>at least</u> the federal minimur rmined using the Student Employ rding to the skill requirements of t	ment Classification and	

EMPLOYING DEPARTMENT: Send this form to the Student Payroll Office, 133 Old Main. Make a copy for your department records.