

THE UNIVERSITY OF 'WISCONSIN-MILWAUKEE

STUDENT LUMP SUM PAYROLL REQUEST

Appointment Number

Date Entered into Student Appointment System: _____

Entered by: _____

Name Last	First	Middle	Social Security #
<input type="text"/>			

Student ID #
<input type="text"/>

Appointment Begin Date
<input type="text"/>

Appointment End Date
<input type="text"/>

Dept ID (Funding Dept)
<input type="text"/>
<input type="text"/>
<input type="text"/>

Fund
<input type="text"/>
<input type="text"/>
<input type="text"/>

Program
<input type="text"/>
<input type="text"/>
<input type="text"/>

Project/Grant
<input type="text"/>
<input type="text"/>
<input type="text"/>

Lump Sum Amount
<input type="text"/>
<input type="text"/>
<input type="text"/>

Student Payroll Date(s)
<input type="text"/>
<input type="text"/>
<input type="text"/>

Brief description of duties including student job title:

I acknowledge my responsibility to abide by the following policies:
 UWM Policy on Sexual Harassment
 Unauthorized Copying or use of Computer Software
 Drug-free Work Place Act of 1988
 Confidentiality of University Records

My primary reason or presence at UWM is to be student, not for employment. I am currently registered for credit or enrolled in fee recovery courses (090 & 095 classes). To be employed during either Fall or Spring semester, I must be registered at UWM. To be employed during summer, I must be either registered at any UW system campus during the summer, or have completed spring semester at any UW system campus and intend to enroll in the fall term at any UW system campus. I currently meet the above requirements. When I no longer meet these requirements, I will immediately notify my supervisor. I hereby authorize release of verification of my being registered for credit or enrolled in fee recovery courses to my employing department and/or UWM Payroll Office for each fall, spring, and summer during which I have an active student employment. I will keep my supervisor(s) informed of other concurrent student employment within the UW System.

This appointment is conditional pending the results of a Criminal Background Check and may be withdrawn if the results are unacceptable.

Student Signature

Date

I have verified that this person meets UW-Milwaukee's requirements of registration for credit/enrollment.

Department Authorization

Date

Form	Initial	Date Received
I-9 Form	<input type="text"/>	<input type="text"/>
Selective Service Form	<input type="text"/>	<input type="text"/>
Social Security Exemption Form	<input type="text"/>	<input type="text"/>
W-4 Form	<input type="text"/>	<input type="text"/>
Direct Deposit Form	<input type="text"/>	<input type="text"/>
Self Identification Form	<input type="text"/>	<input type="text"/>
Criminal Background Check	<input type="text"/>	<input type="text"/>