Hiring Paperwork Forms

W-4 Instructions

Form W-4 | Employee’s Withholding Allowance Certificate

See reverse side for instructions. This is a tax form; do not use this form for an Address Change only. On every W-4 form you submit, you must indicate your marital status and exemption status; or it will be assigned to Single with zero exemptions.

Personal Information

Employee enters specific data.

For address, must be permanent home address not dorm address – where W-2 will be sent.

Home Info Release will default to No in system

Withholding Information

Tax Exempt: No taxes will be taken; cannot claim if parents claim on their taxes; if claim exempt student must complete every year.

Federal/State Tax: Lower number more tax taken; 0 will take more than 1 for withholding

WI Nonresident Reciprocity Declaration: only for those claiming tax exempt and live in states listed

Employee Signature and Date Signed

Employee needs to sign and date form

Note about taxes being taken on check:
If gross salary for a pay period is less than federal requirement, no taxes will take. The requirement fluctuates from year to year.

International Students

Must come to Human Resources to complete all hiring paperwork
They need to bring along I-20, Passport/VISA, Social Security Card, Direct Deposit information

Revised 01/30/2018
Hiring Paperwork Forms

Direct Deposit Instructions

Employee should complete in full. Be sure they sign at the bottom. Attach voided check whenever possible.

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**Bank Account Information**

NET PAY = Primary Account – students typically only have one bank account.

Students are required to sign up for direct deposit as condition of employment.

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**Authorization for Direct Deposit of Payroll**

The University of Wisconsin System distributes pay using an electronic direct deposit program.

<table>
<thead>
<tr>
<th>Select One:</th>
<th>Bweekly Payroll (Classified/LTE/Student/Unclassified Hourly appointments)</th>
<th>Monthly Payroll (Faculty, Academic Staff, Teaching and Research Assistant appointments)</th>
<th>Effective Date:</th>
<th>As Soon As Possible</th>
<th>Future Pay Date:</th>
</tr>
</thead>
</table>

**Employee Information**

You are highly encouraged to complete this form online, print, and sign it, or please print legibly to prevent delays.

Name (Last, First, Mi): Zenith, Belle P
Phone Number: (262) 456-7891
Social Security Number (Last 4 Digits Only): 8769
Email Address: Zenith26@uwosh.edu

**Primary Account**

This is where your entire paycheck or the balance is deposited after the % or $ amount is deducted from the second and third accounts listed below.

Select one:
- [ ] Account Type (Select one): Checking
- [ ] Account Number: 0123456
- [ ] Name of Financial Institution: Milbourn Credit Union
- [ ] Financial Institution City, State: Neenah WI

**Second Account**

Optional

Select one:
- [ ] Account Type (Select one): Checking
- [ ] Account Number: 
- [ ] Name of Financial Institution: 
- [ ] Financial Institution City, State: 

**Third Account**

Optional

Select one:
- [ ] Account Type (Select one): Checking
- [ ] Account Number: 
- [ ] Name of Financial Institution: 
- [ ] Financial Institution City, State: 

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**Read statement carefully:** I authorize the University of Wisconsin to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the University to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by the University at any time (see back for details). If any of the above information changes, I will promptly complete a new authorization agreement. The direct deposit is not stopped before closing an account, funds payable to you will be returned to the University for distribution. This will delay your check.

Employee Signature: ________________________
Date: ________________________

Additional information is on the reverse side.
Hiring Paperwork Forms

Agreement and Verification of Hours of Work for Student Employment Instructions
Related to Affordable Care Act (ACA) Mandate
Discuss with Employee and have them sign document

Agreement and Verification of Hours of Work for Student Employment

This agreement sets forth the terms and expectations in regard to a student’s obligations and responsibilities for limiting the hours of student work in one or more student employment capacities in accordance with the Patient Protection and Affordable Care Act of 2010 (“ACA”). The UW System Student Employment Policy (GEN 20) provides the administrative requirements for student employment and the limitation on the number of hours a student may work while employed at UW Oshkosh. See GEN 20: https://www.wisconsin.edu/ohrwd/download/policies/ops/gen20.pdf.

By signing this document below, the student employee verifies that the student employee has been notified of the limitations on the hours worked in a student employment capacity (including combined hours for one or more student employment positions within the institution or for other UW institutions) and agrees to comply with the following terms and provisions, in addition to any other state law, institutional or system policy or rule:

- I shall not work in excess of 25 combined hours of work during a calendar week during the official academic calendar period, nor will I exceed 40 hours of combined work during academic breaks and/or the summer academic term or period. (See “Calendar” on Human Resources web page: http://www.uwosh.edu/hr/student-hours-and-affordable-care-act-mandate). I will be solely and individually responsible for scheduling my hours of work each week in a manner that is consistent with the terms herein, which includes all student employment throughout this institution or other institutions, including those paid by lump sum. I will verify my work schedule with my immediate supervisor and make any necessary modifications, if necessary to remain compliant with this agreement. I will promptly report all hours worked, as requested by my supervisor, to help ensure accurate monitoring and compliance.
- The institution, as my employer, has the unilateral discretion and right to determine my hours of work in accordance with the operational needs of the institution and to comply with the ACA and related laws and policies.
- I understand that my student employment is an “at will” employment relationship with the institution. I hereby agree that the institution shall have the immediate and unilateral right to end my student employment for any reason, including my failure to adhere to the terms herein, with no notice required.
- I shall abide by this agreement and all related institutional, system and Board of Regent policies regarding student employees, including related state or federal laws or regulations.

Please sign and complete the information below and return the original document to the Office of Human Resources, Dempsey 328. Copies shall be provided upon request.

Student Employee’s Signature:                         
Student’s Name (printed): ____________________________
Date: ____________________________
Student Employee ID#: ____________________________
Supervisor Name/Office or Department: ____________________________

Received by Office of Human Resources:
Name of HR Rep: ____________________________
Date of Receipt: ____________________________