

Form W-4 | Employee's Withholding Allowance Certificate

See reverse side for instructions. **Please type data below.** 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					
Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		U.S. Social Security Number		Empl ID (if known)	Home Phone Number
Email Address			Citizenship – Check the box that best describes you <input type="checkbox"/> Born in USA <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Neither If Neither, complete the rest of this form AND the International Visitors section at bottom.		
Marital Status – For Tax Withholding (check only one) <input type="checkbox"/> Single (or married but legally separated) <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher Single rate Note: All Nonresident Aliens are required to check either 'Single' or 'Married but withhold at higher Single rate' (see additional instructions on reverse side)					
U.S. Address →	Street		Apt. No.	City	
				State	Zip
Foreign Address →	Street		Apt. No.	City	
	Province		Country		Postal Code
Home Information Release – My home address, telephone number or email address may be made available for the staff directory and released to the public upon request. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Withholding Information					
Exempt (Exempt status expires annually on February 15). International Nonresident Alien employees cannot claim exempt. (This is not international tax treaty. See Glacier instructions on back.) I claim exemption from withholding this year. I certify that I meet BOTH of the following: <ul style="list-style-type: none"> ▪ Last year I had a right to a refund of ALL income tax withheld because I had no tax liability; AND ▪ This year I expect a refund of ALL income tax withheld because I expect to have no tax liability AND that I do not meet the conditions listed on the reverse side.					
EXEMPT for Federal Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No			EXEMPT for Wisconsin State Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have checked yes in one of these boxes, do NOT enter any amounts in the Federal and/or Wisconsin State Tax blocks.					
Federal Tax			Wisconsin State Tax		
Number of Allowances for Federal Tax (leave blank if claiming exempt):		Additional Federal Tax to be Withheld: \$		Number of Allowances for WI State Tax (leave blank if claiming exempt):	
				Additional WI State Tax to be Withheld: \$	
Leave above fields blank for all other states outside of Wisconsin.					
Wisconsin Nonresident Reciprocity Declaration					
I declare that while working in Wisconsin, I am a legal resident of the state indicated below, and that I am not subject to Wisconsin income tax withholding in accordance with a reciprocal tax agreement. Check appropriate box: <input type="checkbox"/> Indiana <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan <input type="checkbox"/> Kentucky If you have checked one of these boxes, do NOT enter any amounts in the Wisconsin State Tax blocks.					
If your UW work is primarily performed outside of Wisconsin (WI), you reside outside of WI and it is not a reciprocal state as defined above, but a portion of your work is performed in WI during any calendar year; refer to instructions on the back for Non-WI residents.					
U.S. state or foreign country of tax residence:		U.S. state or foreign country where <u>work</u> is performed:		If CA residence, please indicate # of allowances for CA state tax (leave blank if claiming exempt):	
				Additional CA State Tax to be Withheld: \$	
U.S. Citizens working outside of the U.S. may qualify for exemption from state and federal income tax by filing IRS Form 673 .					
All International Visitors Complete the Following – See reverse side for instructions					
Are you a permanent U.S. resident (green card holder)? <input type="checkbox"/> Yes <input type="checkbox"/> No - if No, specify Visa Type (current immigration status): _____		Original Date of Entry to the U.S. on current immigration status: (mm/dd/yyyy)		Country of Citizenship	
				Country of Tax Residence (not U.S.)	
Signature					
Under the penalties of perjury, I declare that I have examined this entire certificate and to the best of my knowledge and belief, it is true, correct, and complete. (This form is not valid unless you sign it.)					
Employee Signature				Date (mm/dd/yyyy)	
For Office Use Only Empl ID:		UDDS/Department ID:			

W-4 Instructions

All International Visitors:

All International visitors must provide an email address in order to obtain access to the Glacier Nonresident Alien Tax Compliance System, which is required.

Within one week after your position, visa code and email address have been entered into the Human Resource System, you should receive instructional emails from UWHRAdministration@uwsa.edu and support@online-tax.net. These emails will also contain the web link, login and password you will need to access Glacier.

After you enter your immigration information and history into Glacier's self-service application, Glacier will reveal whether you are a resident or nonresident alien **for tax purposes**. Glacier will also issue tax treaty forms, if you are eligible. Following your Glacier entry, you will be instructed to print, sign and deliver the required forms and immigration document photocopies to the person listed on the second page of your Glacier Tax Summary Report.

Instructions for International Nonresident Aliens:

Marital Status: Check "Single", or if you are married, check "Married but withhold at higher Single rate".

Exempt: Check "No". International Nonresident Alien employees **cannot** claim exempt for either Federal or State Tax. (This is not international tax treaty.)

Number of Allowances for Federal and Wisconsin State Tax: Enter "1" Allowance unless:

You are from Canada or Mexico. If so, you will be taxed as Single, but may claim additional allowances for your dependents for both Federal and State purposes. Your dependents DO NOT need to live with you in the USA.

You are from the Republic of Korea. If so, you will be taxed as Single, but may claim additional allowances for your dependents for both Federal and State purposes ONLY if your dependents live with you in the USA.

Students from India: Per IRS regulations, the only Nonresident Aliens eligible to claim the Standard Deduction are Students from India. Write "India Student" in the 'Additional Federal Tax to be withheld' box to claim this benefit.

For more details on federal tax withholding, see [IRS Pub. 15 \(Circular E\), Employer's Tax Guide](#), [IRS Pub. 901 U.S. Tax Treaties](#), and [IRS Pub. 515 Withholding of Tax on Nonresident Aliens and Foreign Entities](#).

Instructions for All Other Persons:

Exempt: You are not eligible to claim exempt if:

You can be claimed as a dependent on someone else's tax return, and

1. Your income exceeds \$1050 and includes more than \$350 of unearned income (interest on savings, dividends, etc.) for Federal or Wisconsin, **or**
2. Your gross income (total unearned income and earned income) was more than \$10,150 if single, \$13,050 if head of household, \$20,300 if married filing jointly, or \$3,950 if married filing separately.

Allowances: Enter the allowances you can claim. (<http://apps.irs.gov/app/withholdingcalculator/> will help you figure the number of withholding allowances you can claim). In general you can claim one allowance for:

- yourself, if no one else is claiming you as a dependent,
- your spouse, if your spouse does not work,
- each dependent not claimed by someone else

If claiming "EXEMPT" from federal and/or state withholding you must leave the Allowance Box blank.

To DECREASE withholding, increase the number of allowances.

To INCREASE withholding, decrease the number of allowances.

Additional Tax: If you want additional tax withheld: (1) estimate the yearly amount you have had under withheld; (2) divide the yearly amount by the number of pay periods remaining in the calendar year and enter the result in the Additional Tax blocks. For Wisconsin State tax, a [Form WT-4A](#) must be completed, if you are withholding only a fixed dollar amount. Additional tax withholding amounts are taken from every check. If you wish to discontinue previously requested additional or fixed tax withholding, you must submit a new W4 and/or WT-4A.

Non-Wisconsin-Residents: If you reside outside of Wisconsin in a state that has no reciprocity agreement with Wisconsin, you are not a Wisconsin resident, you perform work primarily outside of Wisconsin, but you earned wages while present in Wisconsin that are over \$1500 in a calendar year; complete this form and submit the completed form to the UW Service Center/Payroll for correct W-2 processing: [Declaration of Wages for Non-Wisconsin-Residents](#).

Reference Pages

All IRS forms mentioned on this page can be found at <http://www.irs.gov>. For additional tax information, visit <https://uwservice.wisc.edu/tax/>.

UW Employee Self-Identification and W-4 Withholding Forms

The University is required to collect data on race and ethnicity from its employees to comply with federal record keeping and reporting requirements. The information obtained will be kept confidential and will be used for summary federal reporting purposes and to support institutional affirmative action efforts. Providing this information is voluntary.

The University also needs your W-4 Withholding Form so you have the appropriate taxes taken.

Last Name:	First Name:	Middle Initial:	Empl ID: (if known)
National ID Type: <input type="checkbox"/> Social Security Number <input type="checkbox"/> Individual Tax ID Number		SSN or ITIN:	Date of Birth: Sex:

Routing Instructions: Submit to your local HR/Payroll Office. (If at UW-Madison, submit to 21 North Park Street, Suite 5101.)

Ethnicity and Heritage Code

Ethnicity is considered Hispanic/Latino if a person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is your ethnicity Hispanic/Latino?

- Yes
 No

Please identify yourself as one or more of the following races:

- Black or African American
 A person having origins in any of the black racial groups of Africa
- Asian
 A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native
 A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- White
 A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or other Pacific Islander
 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Signature: _____

Date: _____

For Office Use Only | Empl ID: _____ Empl Rcd#: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Veteran Self-Identification

Last Name:

First Name:

Middle Initial:

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I belong to the following classifications of protected veterans (choose all that apply):

- Disabled veteran
- Recently separated veteran
- Active wartime or campaign badge veteran
- Armed forces service medal veteran

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- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am a veteran, but not a protected veteran.
- I am not a veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Signature:

Date:

Routing Instructions: Submit to your local HR/Payroll office. If at UW-Madison, submit to 21 N. Park Street, Suite 5101.

For Office Use Only | Empl ID: _____ Empl Rcd#: _____

Authorization for Direct Deposit of Payroll

The University of Wisconsin System distributes pay to the direct deposit accounts you designate below or through the Focus Pay Card.

Select One: <input type="checkbox"/> Biweekly Payroll (Classified/LTE/Student/Unclassified Hourly appointments) <input type="checkbox"/> Monthly Payroll (Faculty, Academic Staff, Teaching and Research Assistant appointments)	Effective Date: <input type="checkbox"/> As Soon As Possible <input type="checkbox"/> Future Pay Date: _____
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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): _____	Payroll Empl ID OR Social Security Number (Last 4 Digits Only): _____
Phone Number: _____	Email Address: _____

Primary Account | Required: Your paycheck or the balance is deposited in this account after the % or \$ amount is deducted from the accounts listed below.

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> No Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	NET PAY (Balance)
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Second Account | Optional: Use to designate a percentage or dollar amount for an account other than the primary. **% OR \$ OF NET DISTRIBUTION**

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	_____ % or \$ _____
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Third Account | Optional: Use to designate a percentage or dollar amount for an additional account. **% OR \$ OF NET DISTRIBUTION**

Select one: <input type="checkbox"/> Start <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change	Account Type (Select one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Account Number: _____ Name of Financial Institution: _____ Financial Institution City, State: _____	_____ % or \$ _____
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Check this box if the entire amount of your direct deposit is ultimately deposited to a financial institution outside of the United States.

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. If 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: _____ (mm/dd/yyyy)

For Office Use Only Identification verified by (Name): _____ Date: _____

Direct Deposit of Payroll

Note: Student Hourly employees are required to sign up for direct deposit as a condition of employment.

As an employee of the University of Wisconsin System, you are provided the convenience and security of having your pay automatically deposited into your personal bank, credit union or financial institution account.

Automatic deposit of your pay into the personal account of your choice means you can:

- Be assured your pay will be deposited on payday even when you are on vacation or out of town.*
- Eliminate the danger of lost or stolen pay cards.

***While most financial institutions post funds to accounts at the beginning of the bank business day, this is not a universal practice. It is strongly recommended that you check with your financial institution to determine when your funds will be available.**

You may choose up to **three (3) accounts**, savings and/or checking, to have your pay directly deposited as long as the following conditions are met:

1. Your financial institution(s) is located in the USA or Puerto Rico and is a member of the Automated Clearing House Association (ACHA); and
2. 100% of your net pay is committed to direct deposit.

Tips on Providing Checking Account Information

Check Example:

1 23456789 1	700012498 11	1001
Routing Number (Exactly 9 digits)	Account Number	Check Number

Do not include your check number, which appears to the right of both your Routing Number and your Checking Account Number. Your check number will match the number printed at the upper right corner of your check. **Do not use the routing number at the bottom of a deposit slip as this number may not be correct.**

It is recommended that you check with your financial institution to verify the routing number for direct deposit. Incorrect routing and account information may cause a delay in receiving your funds.

P100.20190410

This layout applies only to personal checking accounts and not to money market accounts. You will need to contact your money market advisor to get the necessary information for a money market account.

Common Questions about direct deposit:

How do I know that a deposit has been made to my account?

Your earnings statement will show how much you have earned, a detail of your deductions, and how much has been deposited to your account(s). Your financial institution will show the deposit on your monthly statement.

Where do I find my earnings statement?

Your earnings statement can be found in the Payroll Information app in the MyUW portal located at <https://my.wisconsin.edu/>. UW-Madison employees should use MyUW Madison at: <https://my.wisc.edu/>.

When will direct deposit begin?

The first pay period after the Payroll Office receives your direct deposit authorization form. Keep in mind that most payrolls are processed up to one week prior to the actual pay date. Please verify with your financial institution on your pay date that your direct deposit has gone into effect.

When will my pay be deposited into my account?

Your pay will be deposited into your account(s) on your pay day. Funds will not be available prior to that date.

What do I do if I want to change financial institutions or accounts once I am enrolled in the program?

If you change your financial institution or account, you must complete a new authorization form as soon as possible. You must include all of your accounts on the new form, even those accounts for which you are not making changes. For these accounts, simply provide the required information and check the "No Change" box.

What will happen to my direct deposit if I cancel my account with my financial institution but don't cancel my direct deposit with the University of Wisconsin prior to the payroll being processed?

Your direct deposit will automatically be sent as though the account(s) were open. All funds submitted to the closed account will not become available until such funds are returned to the University of Wisconsin System by the financial institution. A pay card or paper check will then be issued. This may delay your payment.

Can I direct deposit my pay into more than one financial institution account?

Yes. If you choose to direct deposit into two or three accounts, you must designate one account as your primary account and the others as a second and third account. The second and third accounts will require either a fixed amount or a percentage of net pay. Your pay will be split into the multiple accounts with the fixed and or percentage amounts deposited first and all remaining pay deposited to the primary account (unless 100% of your pay is deposited into the second and third accounts).

Does it matter whether I designate my savings account as my primary account?

No. You may direct deposit into a checking or savings account, or any combination of up to three accounts.

If I have been gone for a period of time (or terminated employment) and return to work, do I need to complete a new form? (Examples: leave of absence without pay, sabbatical leave, etc.)

Possibly. Your direct deposit will remain active for up to fifteen months with **no** payroll activity. After that period of time all direct deposits will be inactivated and new forms will be required. **Please note:** If your financial institution or account numbers have changed, it is imperative that you submit a new direct deposit form.

Do I need to submit a new direct deposit form if I am changing departments?

No, your existing authorization form will remain in force.

Why would my direct deposit not be processed?

Possible reasons the entry of this information may be delayed:

- Writing is illegible.
- Missing data.
- Primary Account Net Pay amount is less than full Net Pay and missing Second Account information.
- Form received too late for processing prior to bi-weekly or monthly final payroll calculation
- Your completed form is received by email.
- Form has not passed campus identity validation.

Where do I submit my completed form?

UW-Madison employees should submit their form in person to: Office of Human Resources
21 N. Park St., Suite 5101
Madison, WI 53715

All other employees should submit their completed form to their central payroll office:

<https://www.wisconsin.edu/ohrwd/hr/contact/>



UNIVERSITY OF WISCONSIN WHITEWATER

Human Resources and Diversity ACA Acknowledgement Letter

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”)ⁱ. 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-Whitewater. 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 multiple 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 per week during the academic year, nor will I exceed 40 hours per week of combined work during academic breaks and/or the summer academic term or period.ⁱⁱ (See the attached “[ACA Calendar](#)”).
- 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.ⁱⁱⁱ

Please sign and complete the information below and return the original document to the Office of Human Resources, Hyer Hall 330. Copies shall be provided upon request.

Student WINS ID#: _____ Student’s Name (printed): _____ Date: _____ Supervisor Name: _____ Student Employee’s Signature: _____	Received by Office of Human Resources: Name of HR Rep: _____ Date of Receipt: _____ Student EMPID: _____
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ⁱ Pursuant to the ACA, the University of Wisconsin may incur a penalty for failing to offer health care benefits to any person defined as a “full time employee” (any individual paid a wage for hours worked on average in excess of 30 hours a week). However, individuals serving in a student employment capacity are not eligible to receive health insurance benefits under the UW employer-sponsored health coverage (the State of Wisconsin Group Health Insurance Program).

ⁱⁱ The hours of work to be counted shall not include hours paid through a Federal Work Study program.

ⁱⁱⁱ International students (F1 and J1) are limited to 20 hours per week during the academic semesters. .