



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.

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.