

**FEDERAL WORK-STUDY EMPLOYMENT PROGRAM
PAYROLL ACTION FORM**

Office Use Only Banner ID: U _____
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I. TO BE COMPLETED BY STUDENT (PLEASE PRINT CLEARLY and USE BLACK OR BLUE INK)

Legal Last Name _____	Full First Name _____	Middle/Maiden _____	Suffix _____	Federal SSN _____
<u>Married () Single ()</u> Marital Status	<u>Male () Female ()</u> Sex Code	<u>Mo. Day Yr.</u> Date of Birth	<u>() White () Black () Hispanic () Asian () Native American () Alaskan Native</u> Ethnic Code	

Local Mailing Address (Dorm name and Room # not acceptable) _____ City _____ State _____ Zip _____ County _____ Telephone _____

U.S. Citizen? Yes () No () F-1 Visa? Yes () No () J-1 Visa? Yes () No () Permanent Resident? Yes () No ()

Are you related to anyone at the University? Yes () No () If yes, relative's name _____

What department does relative work for? _____

I understand: (a) I must enroll for and maintain half-time enrollment during the Fall, Spring, and Summer semesters to begin/retain work; (b) enrollment for a minimum of 6 hours will make my gross wages not subject to FICA deductions; (c) Section III and Form I-9 must be completed by my employer and returned to the Student Employment Office for approval **prior** to my beginning work; (d) I will be terminated from the FWS Employment Program if I drop below half-time and/or do not adhere to all the procedures and conditions of employment; (e) my employment is not completed until I have submitted the Direct Deposit Authorization Form.

I verify that the information provided above matches the information used in the Banner/Spectrum system. () Yes () No

Student Employee Signature _____ Date _____

II. JOB ASSIGNMENT INFORMATION (To be completed by Student Employment Office)

Total Dollar Amount Awarded \$ _____
Balance Available \$ _____

III. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT and USE INK)

Dept. Name _____ Phone # _____

Dept. Campus Mail Address _____ Fax # _____

Index _____ Org. Number _____ Time Keeping Org. # _____ Account _____
(Dept. Account #) (if different from main Org. #)

Period of Employment _____ to _____ Form I-9 attached? Yes () No () If no, reason _____

Position Number _____ Rate of Pay \$ _____ (minimum is \$6.55/hour) Attach memo of justification if more than \$12.00.

I certify that funds have been budgeted in this department for **25%** of the student's earnings. **I understand:** (a) enrollment of at least half-time enrollment will not subject the students gross wages and this department/account budget to FICA deductions; (b) employment will be in accordance with University procedures, as well as Federal and State laws; (c) the student **cannot** work in this department until this Payroll Action Form, Form I-9, and the Direct Deposit Authorization Form have been completed and returned for approval by the Student Employment Office.

Authorized Signature(s) _____ Date _____

IV. TO BE COMPLETED BY STUDENT EMPLOYMENT OFFICE **Wilder Tower** **Room 103** **678-5774**

Load _____ Previously Loaded _____ Federal Account No. _____ Hours Enrolled _____
FICA Code _____
DDA _____

Approved to Begin Work on _____ to _____ Pay Rate \$ _____

E-Class _____ Suffix _____ Primary () Secondary ()

Authorized Signature _____ Date _____ Rev. 07/09/08