

STUDENT EMPLOYMENT SUMMER CONTRACT

EMPLOYMENT INFORMATION

Job Title and wage must be what you've selected on page 2

Job Title: _____

Wage Rate per Hour: \$ _____

Preferred start date: _____

Student Assist Cost Center to be Charged:

FUND _____ ORGANIZATION _____ PROG _____

Cost Center Title: _____

Account Custodian: _____

Signature _____ Date _____

All contracts will be processed as Student Assist for summer employment. If the student employee will continue in the same position in the fall semester, a new contract will need to be submitted for processing with the Student Employment Office.

For Office Use Only:

Enrolled. Sp _____ Sm _____ F _____ EMPL ID: 00 _____

SA CONTRACT: Rec #: _____

Dept ID: M _____

Budget Funding

T&L Security

WS indicator off

Processed by: _____

Date: _____

Trainings Assigned

Sup./SE notified

CBC: _____

Y New Hire

Y > 12 break

N Continuous empl.

N <12 mo. break

N Performer

STUDENT INFORMATION

Name (please print): _____

Student ID#: _____

Campus email: _____

The remainder of this contract will be completed via DocuSign, due to COVID-19.

A criminal background check is required of all new employees and of anyone who has had a 12-month break in employment.



All resources can be found via the links on the left hand-side of this contract located under "Student Employment Resources".

____ I understand I cannot begin working until I've received an email from the Student Employment office indicating my contract has been processed, along with my start date.

____ I understand, have received, and have reviewed the Confidentiality Agreement with my supervisor. This agreement prohibits disclosure of all confidential or sensitive data to which I may have access through my campus employment. This agreement strictly prohibits me from sharing that information in any form whatsoever. Any disclosure will be cause for immediate dismissal from campus employment.

____ I understand that it is my responsibility to review the online Student Employment Handbook and abide by the regulations.

____ I understand I cannot work more than the hours indicated on the Max Hours Calendar, for all active contracts.

____ I understand it is my responsibility to complete all trainings that are assigned to me (for example: Sexual Harassment Prevention, Executive Order #54, FERPA, and/or Data Security) within the specified time-frames as indicated by the Student Employment office.

____ I understand it is my responsibility to enter my Direct Deposit information after I've received notification of my official start date from the Student Employment Office. Failure to do so may result in automatic enrollment to the Focus Card.

____ I understand it is my responsibility to enter my W-4 (federal and state) after I've received notification of my official start date from the Student Employment Office. Failure to do so may result in inaccurate tax withholdings.

Student's Signature _____

Date _____

Student Employment Resources:

Confidentiality Agreement:

<https://www.uwsuper.edu/technology/resources/policies/upload/StudentConfidentiality.pdf>

Student Employment Handbook:

https://www.uwsuper.edu/finaid/stemp/forms/upload/Student-Employment-Handbook-2019-2020_20190812083207_785938.pdf

Max Hours Calendar:

https://www.uwsuper.edu/finaid/stemp/upload/Max-Hours-per-Week-Calendar-2019-2020_20190809115601_256186.pdf

Trainings:

https://www.uwsuper.edu/finaid/stemp/upload/Required-Trainings-SE-8-30-18_20180830083236_34881.pdf

Direct Deposit:

https://www.uwsuper.edu/finaid/stemp/upload/Self-Service-Direct-Deposit-Instructions_20200106111803_279091.pdf

W-4: <https://www.uwsuper.edu/finaid/stemp/upload/W-4-Self-Service-Tip-Sheet.pdf>

FA Staff Initials

Job Title:

Select a box next to the job title you are hiring (one Job Title/Contract), and also select the wage/hour. (Determining wage rates, along with all other supervisor information, can be found on the "Supervisor Resources" section of the Student Employment page: <https://www.uwsuper.edu/finaid/stemp/index.cfm>.)

Title/Wage Rate Table

Job Titles	Level I	Level II	Level III
<input type="checkbox"/> Facility Attendant <input type="checkbox"/> Student Administrative Support <input type="checkbox"/> Education Assistant <input type="checkbox"/> Campus Support	\$8.00/hour	\$9.00/hour	\$10.00/hour
<input type="checkbox"/> Risk Services <input type="checkbox"/> Researcher <input type="checkbox"/> Technology	\$9.00/hour	\$10.00/hour	\$11.00/hour
<input type="checkbox"/> Student Supervisor	\$10.00/hour	\$11.00/hour	\$12.00/hour

EMPLOYER'S CERTIFICATION & AUTHORIZATION:

- I, as a supervisor to the student employee listed on this contract, certify that the student employee **will not** begin working until the student employee and supervisor(s) have received notification (via email) from the Student Employment Office that they may begin working.
- I, as a supervisor to the student employee listed on this contract, have given and reviewed the Confidentiality Agreement with the student employee.
- I, as a supervisor to the student employee listed, will ensure the student employee has access, and reviews the Student Employment Handbook. The student employee listed on this contract has been hired by our department and work performed will follow the student employment regulations found in the Supervisor's Handbook. Additionally, as a supervisor to the student employee listed above, I will review the Supervisor Handbook.
- I, as a supervisor to the student employee listed on this contract, will enforce the maximum hours allowed per week; these hours will be monitored, and regulations will be followed as described within the Max Hours Acknowledgement. https://www.uwsuper.edu/finaid/stemp/upload/Hours-Worked-Per-Week-Agreement-Fillable_20190826173812_764360.pdf
- I, as a supervisor to the student employee listed on this contract, will ensure all required trainings will be completed in the timeframe given to the student employee by the Student Employment Office.
- I, as a supervisor, am responsible for reviewing, editing, and/or approving the student employee's timesheets by the due dates given to by UW-Shared Services. Questions and trouble-shooting regarding payroll will go through UW-Shared Services.

By signing this contract, you are certifying that you have read and acknowledge the statements listed above.

Primary Supervisor:

Printed name: _____

Signature Date

Back-up Supervisor:

Printed name: _____

Signature Date