

REGULAR STUDENT EMPLOYMENT PROGRAM  
PAYROLL ACTION FORM

Office Use Only

Banner ID: U \_\_\_\_\_

I. TO BE COMPLETED BY STUDENT (PLEASE PRINT CLEARLY and USE BLACK OR BLUE INK)

Legal Last Name \_\_\_\_\_ Full First Name \_\_\_\_\_ Middle/Maiden \_\_\_\_\_ Federal SSN (Temporary 900 not acceptable) \_\_\_\_\_  
( ) White ( ) Black ( ) Hispanic ( ) Asian  
Married ( ) Single ( ) Male ( ) Female ( ) Mo. Day Yr. ( ) Native American ( ) Alaskan Native  
Marital Status Sex Code Date of Birth 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 the relative work for? \_\_\_\_\_

Pursuant to federal regulations, students receiving employment authorization on a valid F-1 Visa or J-1 Visa are restricted to 20 hours per week, which includes hours worked from all pay sources.

I understand: (a) I must enroll for and maintain half-time enrollment (Undergraduate/Graduate/Law) and full-time enrollment (International students) during the academic year to begin/retain work; (b) enrollment for a minimum of 6 hours will make my gross wages not subject to FICA deductions; (c) Section II 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 Regular Student 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 Banner/Spectrum. ( ) Yes ( ) No

Student Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

II. TO BE COMPLETED BY DEPARTMENT (PLEASE PRINT AND USE BLUE OR BLACK 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 \_\_\_\_\_ Is position being paid from ARRA funds? ( ) Yes ( ) No

Form I-9 attached? Yes ( ) No ( ) If no, reason \_\_\_\_\_

Position Number(s) \_\_\_\_\_

Rate of Pay \$ \_\_\_\_\_ (minimum is \$7.25/hour) Attach memo of justification if more than \$16.00 an hour)

I certify that funds have been budgeted in this department for 100% 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 \_\_\_\_\_

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

Load \_\_\_\_\_ Previously Loaded \_\_\_\_\_ Hours Enrolled \_\_\_\_\_  
FICA Code \_\_\_\_\_  
DDA \_\_\_\_\_

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

E-Class \_\_\_\_\_ Suffix \_\_\_\_\_ Primary ( ) Secondary ( )

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev. 07/01/09