



# STUDENT HIRE REQUEST FORM

**ONCE COMPLETE, RETURN TO FP&M HUMAN RESOURCES – 30 N MILLS ST SUITE 362**

## SUPERVISOR COMPLETES THIS SECTION

Date: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Expected End Date (if known): \_\_\_\_\_

Dept. ID: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Working Title: \_\_\_\_\_

# of positions requested: \_\_\_\_\_ Funding Info: \_\_\_\_\_  
Fund -- Program -- Dept ID

Is the student(s) currently enrolled at UW-Madison? Yes No  
If no, please provide student proof of enrollment.

Will student(s) need to drive? Yes No Position of Trust? Yes No

Will student(s) be working remotely? If yes, please justify reasoning below. Yes No

## APPROVALS

By signing this form, I \_\_\_\_\_, agree to be responsible for reviewing and approving my student's timesheet in a timely manner and follow all guidelines provided under the [UW Student Hourly Employees Policy](#). In the case that a student(s) is no longer working, I understand that I must notify FP&M Payroll immediately. Failure to comply with campus policy and guidelines could result in penalties under the Affordable Care Act requirements and could have a direct negative impact on the student(s) appointment.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department's Manager/Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department's Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Director Review** Approved Denied

Department Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY  
Date Received by HR: \_\_\_\_\_  
Date Approved by HR: \_\_\_\_\_

**SUBMIT COMPLETED FORM TO FP&M HUMAN RESOURCES OFFICE, 30 N. MILLS BUILDING**