**STUDENT HOURLY HELP – JOB CLASSIFICATION QUESTIONNAIRE**

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| **Student Section** | | | | | | | | | | | |
| Name: |  | | | | | | | | | | |
|  | Last, First, MI | | | | | | | | | | |
| SS#: |  | | | Gender: | |  | | Date of Birth: | |  | |
| Email: |  | | | | | | | Phone: |  | | |
| Address: |  | | | | | | | | | | |
|  | Home Address (street, number, city, state, zip code) – **This is where your W2 form will be mailed** | | | | | | | | | | |
| Are you a citizen of the U.S.? | |  | | | | | | | | | |
| Are you currently registered at UW-Madison or other institution? | | | | | | |  | | | | |
| If not, when where you last registered? | | |  | | | | When will you be registered? | | | |  |
| Name of other institution (if other than UW-Madison): | | | | |  | | | | | | |
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| **Supervisor Section** | | | | | | | | | | | | | | | | |
| Starting Date: |  | | | | | | End date (if known): | | |  | | | | | Salary: |  |
| Funding Source: | | Grant Number: | | | | | |  | | | OR Fund: | |  | | | |
|  | | e.g. 144-BC23 | | | | | | | | | e.g.101-2 | | | | | |
| Brief description of duties: | | | |  | | | | | | | | | | | | |
| Signature of Supervisor: | | |  | | | | | | | | | Phone: | |  | | |
| Printed Name of Supervisor: | | | | |  | | | | | | | Email: | |  | | |
| Signature of Alternate Approver: | | | | | |  | | | | | | Phone: | |  | | |
| Printed Name of Alternate Approver: | | | | | | | | |  | | | | | | | |
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| **Payroll Office Section** | | | | | | | | | | | | | | | | | | | |
| EPM: |  | | | Hire  Template Based: | | |  | | Hire  Add Instance: | | |  | | | Hire  Create Record: | |  | T&L Approver: |  |
| Funding: | | |  | | HireRight: |  | | W4: | |  | Direct  Deposit: | |  | | | Sent Email: |  | Email/Excel List: |  |
| Appt # | |  | | | | | | | | | | ID# | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | |