

**STUDENT EMPLOYEE ACTION FORM**

Contact HR at 608.785.8013 or [hrinfo@uwlax.edu](mailto:hrinfo@uwlax.edu) if you have questions on completing this form. For units hiring or making changes to more than 10 student employees at a time, it is required that you fill out and submit this [Excel](#) document to [hrinfo@uwlax.edu](mailto:hrinfo@uwlax.edu). You do not need to fill out the SEAF Form, HR will complete this form on your behalf using the [Excel](#) data provided.

Employee Name:	Employee ID: <i>(If new type 'new')</i>
Employee Email:	Employee Department:
REQUIRED:	Student is NEW to employment at UWL      Student has worked for UWL in the past

For the following fields, please complete *all* fields marked with an (\*). Missing information will result in delayed entry of employee.

Action Information
<p>*Type of Action: _____ <i>(if action type is hourly rate change or funding change, enter EFFECTIVE DATE. If action is hire or extend job end date, enter that information on DATES OF EMPLOYMENT)</i></p> <p>*Effective Date: _____</p> <p>*Dates of Employment: _____ to _____ <i>(Please note that student employment positions cannot exceed the current academic year; to extend a students employment into the summer, please submit a new SEAF with the action of extend job end date)</i></p> <p>Employee Type: Student Help</p> <p>*Job Title: _____</p> <p>*Department: _____</p> <p>*Hourly pay rate: _____</p> <p>*Work-Study Eligible:    Yes    No <i>(if you are unsure if the student is work-study eligible, email <a href="mailto:workstudy@uwlax.edu">workstudy@uwlax.edu</a> with the student ID to confirm prior to submitting this form).</i></p> <p style="padding-left: 40px;">Criminal Background Check (CBC) needed Check here if there are applicable position of trust responsibilities</p> <p>*Reports to: _____ Reports to employee ID: _____</p> <p>*Back-up approver: _____ Back-up approver employee ID: _____</p> <p>Comments: _____</p>

Funding Information				
Fund	IBAC/Program	UDDS/Department	Project	%

Supervisor Approval			
	Printed Name	Signature	Date
Supervisor			
Person completing form if not supervisor			