



UNIVERSITY of WISCONSIN-GREEN BAY

Student Lump Sum Payment Authorization Form

Lump Sum payments are appropriate for employment situations where a student cannot be compensated on an hourly basis.
Examples of lump sum payments are tutors, study group leaders, and resident assistants.

1. Complete all fields and send the completed and signed form to Human Resources prior to first pay cycle. If a new UWGB hire, attach the [W-4](#), [I-9](#), [Direct Deposit](#), [Employee Self-Identification Form](#) and [Selective Service Compliance](#) forms..
2. Most positions require a background check. Contact [HR](#) if you have questions regarding whether or not a background check is required. To initiate a background check, e-mail hr@uwgb.edu with the candidate's name, e-mail address, and account number to charge the background check fee to. HR will notify you of the results.
3. FICA taxes will be deducted for students enrolled for less than half time status.
4. Students under age 18 must have a [Work Permit](#) on file in the Human Resources Office before beginning work.
5. The Student Bi-Weekly Pay Cycle schedule is available at: <https://www.uwgb.edu/hr/payroll/#schedules>.

Hire Details			
First Name: M.I.: Last Name: Criminal Background Check Submitted: Yes No	Registered Student Status: Student is registered at: If attending a school other than UWGB, attach a copy of verifying document (see Supervisor Handbook , page 4, for recommended documents for verification).		
Job Data			
Job Begin Date: Job End Date: Amount of Earnings: Department: Location Code:	Working Title: Duties:		
Funding Data:			
Fund: (3 digit)	Dept ID: (6 digit)	Program: (1 digit)	Project:
Payroll will determine the payment date which will correspond with the student pay period in which the work End Date occurs.			

Supervisor Signature (required): _____ Date: _____

Budget Approval Signature (required): _____ Date: _____

Questions, please contact the Human Resource Office at ext. 2839 or email at hr@uwgb.edu

FOR PAYROLL USE ONLY

Empl ID: _____ Empl Record #: _____ Date Entered: _____ Entered by: _____

Rec'd Forms:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> W4 | <input type="checkbox"/> I-9 (w/docs) |
| <input type="checkbox"/> DD | <input type="checkbox"/> SS |
| <input type="checkbox"/> Self-ID | <input type="checkbox"/> CBC _____ |