

# Work Study Transmittal

## Section 1: To be completed by Student

New Worker \_\_\_\_\_ Previous Worker \_\_\_\_\_ Additional Employer \_\_\_\_\_

Name \_\_\_\_\_ Student ID \_\_\_\_\_

Permanent or Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**(W-2 Forms will be sent to above address)**

Student's Signature \_\_\_\_\_

Payroll documents (State & Federal W-4 & 1-9) must be completed in the Financial Aid Office before a timesheet can be issued.

*Retirement Plan Contributions for Non-Benefits Eligible Employees (Part Time Faculty, Graduate Assistants, Non-Student Extra Help, and Student Workers)* -All non-benefits eligible employees on the university payroll are eligible to participate in an unmatched 403(b) Supplemental Retirement Account on a voluntary basis. If you are in a non-benefits eligible role, you will not receive any employer contributions to your retirement plan, but you can make voluntary unmatched contributions. You may select TIAA and/or Fidelity Investments for your retirement plan vendors. Within the IRS limits, you may enroll, end, increase, decrease, or suspend your contributions at any time. Please contact UAM Personnel Office at (870) 460-1082 for more information.

Students who are enrolled in fewer than 6 hours per semester (3 hours per summer term) will have FICA taxes (7.65%) deducted from their wages.

No student will be allowed to work more than 20 hours per week without written permission from the department's supervising Vice-Chancellor. This can be done by email.

Students must **NOT** be allowed to work until the supervisor has been notified by personnel. This step confirms the completion of necessary forms and financial aid certification.

As a part of federal Health Care Reform, beginning in 2014 there will be new individual requirements to have health insurance and new ways to purchase health insurance. In compliance with the federal guidelines, the University is providing the information at the following link to assist you in making informed choices about your health care coverage options.

<https://www.uamont.edu/Fin-Admin/pdfs/benefits/Health-Insurance-Marketplace-Notice.pdf>

## Section II: To be completed by Supervisor

Account Name \_\_\_\_\_ Business Unit \_\_\_\_\_ Account Number \_\_\_\_\_ Fund \_\_\_\_\_ Department Number \_\_\_\_\_

The above named student will begin employment (date) \_\_\_\_\_

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

## Section III: To be completed by Financial Aid

	<u>Initial</u>	<u>Date</u>
Amount for which student qualifies _____	_____	_____
Account Number Verified/Budget Checked _____	_____	_____
Completed W-4 Information Attached _____ On File _____	_____	_____
Completed 1-9 Information Attached _____ On File _____	_____	_____
Student given Work Study Instructions _____	_____	_____

## Section IV: To be completed by Payroll Department

Date Input \_\_\_\_\_