



COLLEGE OF ENGINEERING
UNIVERSITY OF WISCONSIN-MADISON

Department: Civil and Environmental Engineering

Form: Student Hourly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Social Security Number (or ITN): _____

Date of Birth: _____

Supervisor: _____

Supervisor's Email Address: _____

Beginning Date of Employment: _____

To be filled out by Supervisor:

Rate of Pay: _____ Fund and Account Number: _____

For Office Use Only:

_____ I-9 Complete (retain in department files)

_____ W-4 Complete (mail to ECBS 49 Peterson Building)

_____ Direct Deposit Form (mail to ECBS 49 Peterson Building)

_____ Enrollment Verification (to COE Payroll Office)

_____ Employee Information Form (retain in department files)

_____ International Student Tax Forms (if applicable)

Return all forms to Kristine Pranke in room 2205 Engineering Hall