**University of Wisconsin System Administration**

**Agreement and Verification of**

**Hours of Work for Student Employment**

This agreement sets forth the terms and expectations in regard to a student’s obligations and responsibilities for limiting the hours of student work in one or more student employment capacities in accordance with the Patient Protection and Affordable Care Act of 2010 (“ACA”)[[1]](#endnote-1). The UW System Student Employment Policy (see [GEN 20](https://www.wisconsin.edu/ohrwd/download/policies/ops/gen20.pdf)) provides the administrative requirements for student employment and the limitation on the number of hours a student may work while employed at UW System Administration (UWSA).

By signing this document below, the student employee verifies that the student employee has been notified of the limitations on the hours worked in a student employment capacity **(including combined hours for multiple student employment positions within UWSA or at other UW campuses/institutions)** and agrees to comply with the following terms and provisions, in addition to any other state law, institutional or system policy or rule:

* I shall not work in excess of 25 **combined** hours of work in a calendar week during the official academic calendar period, nor will I exceed 40 hours of **combined** work in a calendar week during academic breaks and/or the summer academic term or period.[[2]](#endnote-2) (See the attached “[Calendar](file:///\\uwsp.edu\files\BusAff\HR\Human%20Resources\ACA\UWSP%20Campus%20Standard%20ACA%20max%20hours%20calendar.docx)” ). Also, please indicate below if you are paid through a Federal Work-Study program.
* I will be solely and individually responsible for scheduling my hours of work each week in a manner that is consistent with the terms herein, which **includes all student employment throughout UWSA and other UW System campuses/institutions, including employment paid by lump sum**. I will verify my work schedule with my immediate supervisor and make any necessary modifications, if necessary to remain compliant with this agreement. I will promptly report all hours worked, as requested by my supervisor, to help ensure accurate monitoring and compliance.
* UWSA, as my employer, has the unilateral discretion and right to determine my hours of work in accordance with operational needs and to comply with the ACA and related laws and policies.
* I understand that my student employment is an “at will” employment relationship with UWSA meaning that UWSA has the immediate and unilateral right to end my student employment for any reason, including my failure to adhere to the terms herein, with no notice required.
* I shall abide by this agreement and all related UWSA, UW System and Board of Regent policies regarding student employees, including related state or federal laws or regulations.

Please sign and complete the information below and return the original document to the UWSA Office of Human Resources, 780 Regent Street, Suite 224. Copies shall be provided upon request.

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| **Student Employee’s Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I am paid through a Work-Study programii \_\_\_ Yes \_\_\_ No  Supervisor’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **For OHRWD use only**  Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Pursuant to the ACA, the University of Wisconsin may incur a penalty for failing to offer health care benefits to any person defined as a “full time employee” (any individual paid a wage for hours worked on average in excess of 30 hours a week). However, individuals serving in a student employment capacity are not eligible to receive health insurance benefits under the UW employer-sponsored health coverage (the State of Wisconsin Group Health Insurance Program). [↑](#endnote-ref-1)
2. The hours of work to be counted shall not include hours paid through a Federal Work-Study program. [↑](#endnote-ref-2)