

Student Hourly Payroll Form

UW Madison Department of Physics



Payroll form must be turned in to Physics payroll office (2320E Chamberlin) at least 7 calendar days prior to start date.

STUDENT FILLS OUT THIS PART

Empl ID or Social Security Number	Date of birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Employed in another student hourly or other UW system position? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, where	
Last Name		First Name		M.I.
Home Address				
City			State	Zip
Email Address			Telephone Number	
			<input type="checkbox"/> Home <input type="checkbox"/> Cell	

FACULTY MEMBER or SUPERVISOR FILLS OUT THIS PART

Employee Pay Rate/Hour \$	New Pay Rate/Hour (use only to change rate) \$	Employing UDDS Number	Fund Number	Start Date
Brief Description of Duties				
Supervisor Name		Supervisor Signature		

Prior to beginning employment return this form to the Department of Physics Payroll Coordinator at:

Department of Physics Payroll Office
2320E Chamberlin Hall

Tel: 608 262 0086
Fax: 608 262 3077
Email: kjmarston@wisc.edu

FOR INTERNAL USE ONLY	
Entered On: _____	
<input type="checkbox"/> Funding	
<input type="checkbox"/> Approver	
I-9: _____	
Invitation Sent _____	
Completed _____	
Forms:	
<input type="checkbox"/> Direct Deposit	
<input type="checkbox"/> W-4	
End Date: _____	



University of Wisconsin-Madison Intellectual Property Agreement for Project Participants

In order for the University to meet its obligations, and as a condition of and in consideration for my participation in extramurally-sponsored research or activity at the University of Wisconsin-Madison, I hereby agree to disclose promptly to the University any invention, novel variety of plant which is or maybe protected under the Plant Variety Protection Act, computer software which is potentially patentable or to which the sponsor has rights under the sponsorship agreement, or mask work, made by me in whole or in part, whether solely or jointly with others, during and in the course of such extramurally supported research or activity. I further agree that I will comply with the provisions of any agreement between the University and the sponsor, and will cooperate in assuring that the sponsor's rights in intellectual property are fully protected. If an invention is funded in whole or in part by a federal agency or if the sponsored research agreement requires the University to grant rights in the invention to the sponsor, I agree that I will, if requested, assign rights to such invention to the University's designated patent agent and intellectual property management organization and will execute all papers necessary to file patent applications on the invention and establish the federal government's or other sponsor's rights in the invention. I understand that before beginning work on a specific sponsored research program that I have the right to request a copy of any agreement that is applicable to such research program.

I further acknowledge that in addition to any rights that might accrue to an extramural sponsor, the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Madison reserves the right to make and use any material I created during participation in a University research program for educational or research purpose.

Name (Please print or type)

Department

Student or Employee Identification Number*

Signature

Date

*Employee or student identification number can be found on your staff or student ID card.