UW-L
University of Wisconsin-La Crosse

PERSONNEL ACTION FORM

INSTRUCTIONAL ACADEMIC STAFF HIRING/APPOINTMENT INFORMATION

Directions: ***DEPARTMENT COMPLETES IN CONSULTATION WITH THE APPROPRIATE PERSONNEL. DEAN/DIRECTOR SIGNS AND ROUTES.***

☐ **Successor** ☐ **Post Retirement** ☐ **Direct Hire (attach approval)** ☐ **Other:** _____

Department/Unit: _____ **College/Operational Area:** _____

Employee Name: _____ **Person ID #:** _____ ***(if available)***
Last, First MI

Gender: ☐ Male ☐ Female **U.S. Citizen:** ☐ Yes ☐ No ☐ Unknown **E-mail address:** _____

Phone: _____ **Mailing Address:** _____

Campus Address: _____ _____ _____
(Room Number) *(Building Name)* *(Phone Extension)*

Education: ☐ Doctorate ☐ Masters ☐ Bachelors ☐ Other: _____

Title (check appropriate box):

Title	***Title Code***	***Title***	***Title Code***
☐ Lecturer	D80DNF	☐ Clinical Associate Professor	D52NNF
☐ Associate Lecturer	D80FNF	☐ Clinical Assistant Professor	D53NNF
		☐ Clinical Instructor	D54NNF

Credited Semesters of Experience: *(for career progression)* _____

Actual Employment Dates (Please use either the standard contract dates or input other dates below.)

Standard Contract Dates:

☐ Fall Semester 2010	08/30/10 - 12/30/10	☐ Fall Semester 2011	08/29/11 - 12/29/11
☐ 2010-11 Academic Year	08/30/10 - 05/29/11	☐ 2011-12 Academic Year	08/29/11 - 05/27/12
☐ Spring Semester 2011	01/18/11 - 05/29/11	☐ Spring Semester 2012	01/17/12 - 05/27/12
☐ Annual 12 Month Appt	07/01/10 - 06/30/11	☐ Annual 12 Month Appt	07/01/11 - 06/30/12
☐ Federal Annual Year	10/01/10 - 09/30/11	☐ Federal Annual Year	10/01/11 - 09/30/12

or Other Dates: **Month** **Date** **Year** **Month** **Date** **Year**

Start Date: _____ _____ _____ End Date: _____ _____ _____

Salary Basis: ☐ Academic Year ☐ Annual Year **FTE:** _____ % **Actual Salary:** $ _____ ☐ Workload statement needed

Fund _____ **IBAC** _____ **1st DDU** _____ _____ %

(Total salary distribution must equal 100%)

Fund _____ **IBAC** _____ **2nd DDU** _____ _____ %

Comments: _____

APPROVAL/REVIEW

Signature of the Dean/Director or Designee indicates offer of employment has been approved, extended and verbally accepted.

_____ _____
Dean/Director or Designee Date

_____ _____
Budget & Finance Date

_____ _____
Provost/ Vice Chancellor/Assistant Chancellor or Chancellor Date

HUMAN RESOURCES ONLY

Date Received: _____ HR Initials: _____

FTB $ _____ Actual Salary $ _____ Monthly Salary $ _____

◇ Min/Max ◇ HR Database ◇ Scanned ◇ Payroll

Rev. 11/10

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