UW-L
University of Wisconsin-La Crosse

STUDENT EMPLOYEE INFORMATION CHANGE FORM

STUDENT INFORMATION

Student Name _____ Empl ID _____

Working Title _____ Empl Record # _____

Department _____ Work Location _____

APPOINTMENT INFORMATION

**Fill in starred fields only if the information is changing*

Change Effective Date _____ *Expected End Date_____

*Approver Name_____ *Empl ID_____

*Back-up Approver Name _____ *Empl ID_____

*Hourly Wage _____ *Amount of Increase _____

FUNDING INFORMATION

Fill in only if the funding is changing

Fund (3 Digits)	Dept ID (6 Digits)	Program (1 Digit)	Distribution %

Work Study Eligible: ◯ Yes ◯ No

APPROVER SIGNATURE

Name: Signature: Date:

_____ _____ _____

HR Use: Processed By: _____ Date: _____