

**Office of Human Resources**

**1725 State Street, 144 Graff Main Hall**

**La Crosse, WI 54601**

**EMPLOYEE ACTION**

Contact Human Resources at (608)785-8013 if you have questions on completing this form.   
**Note to final approver: submit this form to hrinfo@uwlax.edu**

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| **Employee Information** | |
| Employee name:Enter employee’s name | Employee ID #:Enter Employee ID |
| Email address:Enter employee’s email address | Phone:Enter employee’s phone number |
| Current Department:Enter employee’s current department | Current Title:Enter employee’s current title |

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| **Action Information** |
| Type of action: Select an action  Employee type:Select employee type Position # or title Code:Enter position # or Title Code  Title: Enter UW System Title  Working Title, if applicable:Enter working title, if applicable  Department:Enter department  Reports to: Enter Chair or Supervisors first and last name  Time & Labor: Enter Time & Labor Approver Time & Labor Backup: Enter Time & Labor Approver  Academic Year Effective Dates\*:Choose start date toChoose end date  Annual/Hourly Effective Dates:Choose start dateto Choose end date, if applicable  Pay Basis:Choose an itemCheck if RedbookEarly Start (Summer Payment form needed)Early Start Begin Date: Choose start date  FTE Action:Select FTE actionFTE:Enter FTE **%** FTE % change:Enter % change **%**  FTB Action:Select FTB actionFTB:Enter FTB or Hourly RateActual salary:Enter actual salary (if FTE<100%)  Credited Experience:Years Enter # of years OR Semesters (IAS Only): Enter # of semesters  Probationary Period:Months Enter # of months OR Years (Faculty Only):  Relocation:Enter details  Workload statement required School of Education Affiliation  Position of Trust Position of Trust with Vulnerable Population  Comments:Enter comments |

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| **Funding Information** | | | | |
| **Fund (3)** | **IBAC/Program (2)** | **UDDS/Department (6)** | **Project ID** | **% (must sum to 100%)** |
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| **Approval/Review** | | | |
| **Reviewer/Approver** | **Printed Name** | **Signature** | **Date** |
| Dean/Director  *(or designee)* |  |  |  |
| Division Authorization  *(check if needed)* |  |  |  |
| Budget Planner/Director |  |  |  |

**\*For Academic Year 2021-2022:** Fall Start 8/30/2021 | Fall End 1/12/2022 | Spring Start 1/13/2022 | Spring End 5/29/2022