

**MISCELLANEOUS EMAIL ACCOUNT (MEA) REQUEST**

**DO NOT USE THIS FORM IF THE PERSON IN NEED OF AN EMAIL ACCOUNT  
WILL BE PAID BY LUMP SUM PAYMENT OR UWL PAYROLL**

*Request must be approved/signed by a UWL supervisor/chair. Please allow 5-10 working days for processing.  
Submit completed form to hrinfo@uwlax.edu.  
Questions? Contact Human Resources, 608.785.8013*

DATA ELEMENTS	
Name:	
Contact Phone:	Former Name (if applicable):
Is this person a former: <input type="checkbox"/> UWL student <input type="checkbox"/> UWL staff	
Unit/Department:	Campus address & phone:
Start Date:	End Date:

ASSIGNMENT/DUTIES
<b>Work to be performed:</b> <input type="checkbox"/> Courtesy Scholar <input type="checkbox"/> Cont. Ed Instructor of Record <input type="checkbox"/> Chartwells <input type="checkbox"/> Military Science (title) _____ <input type="checkbox"/> Olsten Temp (briefly describe duties for titling): _____ <input type="checkbox"/> Other (briefly describe duties for titling): _____
<b>Is access to Canvas needed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (follow up with ITS required)
<b>Will this person be grading?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (list dept, if different from assigned dept) _____
<b>Check if access to HRS or WISDM needed:</b> <input type="checkbox"/>

REQUESTOR	
Name of UWL Employee Completing Request:	
Department:	Phone:

APPROVAL	
<b>Supervisor/Chair must sign to indicate their approval</b>	
<b>SIGNATURE:</b>	
Print/Type Name:	Date:

Human Resources (Initial & Date)				
Date Received	Date Input	ITS ticket to change email/netid		Date Inactivated
WINGS ID #:		Person DOB and POI HRS EMPLID #:		