

**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"/> Adjunct Professor <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): _____
Is access to Canvas needed? <input type="checkbox"/> No <input type="checkbox"/> Yes (follow up with ITS required)
Will this person be grading? <input type="checkbox"/> No <input type="checkbox"/> Yes (list dept, if different from assigned dept) _____
Check if access to HRS or WISDM needed: <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 #:		