

UNIVERSITY OF WISCONSIN-SUPERIOR
Superior, Wisconsin 54880
(01-1200-08 1/05)

RE-APPOINTMENT AGREEMENT - LAKE SUPERIOR RESEARCH INSTITUTE

Name: _____

Home Address: _____

SSN: _____

Period of Appointment (inclusive dates): _____

Title: _____

Salary: _____ Based on a full-time [annual / academic year] salary of: _____

Percent of Time Employed: _____ Highest earned degree: _____

Accounts to be charged: _____

General duties and/or objectives to be accomplished:

Your continued appointment beyond the period stated in this agreement will be dependent upon the availability of extramural funds administered through the Lake Superior Research Institute and satisfactory performance of your duties and responsibilities.

I agree to accept this assignment and compensation subject to the above conditions.

LSRI Employee

Date

LSRI Director

Date

Human Resources Director

Date

Forward signed form to Office of Human Resources

c: LSRI
Payroll

C:\My Documents\hiring forms\RE-APPT LSRI.doc