

**ACADEMIC STAFF-NON INSTRUCTIONAL
Recommendation for Appointment**

Please complete both sides of this form.

Search No. _____

Name: _____

1 Address: _____ Phone: _____

2 Has individual been payrolled at UW-S any time since 1986? ____ Yes ____ No

3 Department: _____

4 Length of Proposed Appointment: (check one)

- _____ 9-month academic year contract
- _____ 12-month annual year contract
- _____ First Semester contract
- _____ Second Semester contract
- _____ Short-term or other contract

5 Is this a fixed-term appointment? ____ Limited ____

6 Period of Appointment: Starting Date: _____ Ending Date: _____

7 Recommended official UW System title: _____

8 Highest earned degree/discipline: _____ Credits beyond highest degree: _____

9 Educational Training Code:

- _____ Code 1 (Ph.D, Ed.D, or equivalent)
- _____ Code 2 (Earned degree requiring 3 full years' work beyond baccalaureate, ABD, JD, DMIN, MD)
- _____ Code 3 (Master's degree, plus 1 full year of graduate study, 6th year Specialist, 2 years Master's degree)
- _____ Code 4 (One year Master's degree)
- _____ Code 5 (Bachelor's degree)
- _____ Code 6 (No Bachelor's degree)

10 Years related experience: _____

11 Percent of time employed (FTE): _____ (3 decimal places)

12 Salary for appointment period: _____

13 Full-time equivalent salary (circle annual or academic year): _____

14 Is appointment only for the period specified in 6 above and subject to automatic non-renewal? ____ Yes ____ No

Account Title & 10-Digit Code Percent

15 Account(s) to be charged: _____

16 Brief description of duties and responsibilities: (attach detailed position description):

17 Attach a full set of credentials unless recommended appointee has been employed at UW-S within past five years.
(AN OFFICIAL TRANSCRIPT MUST BE FILED IN THE OFFICE OF HUMAN RESOURCES BEFORE THE CONTRACT LETTER WILL BE ISSUED.)

18 Immediate Supervisor:	_____	_____
	Signature	Date
Secondary Supervisor:	_____	_____
	Signature	Date
Budget Officer	_____	_____
	Signature	Date
Affirmative Action Officer:	_____	_____
	Signature	Date
Human Resources Director	_____	_____
	Signature	Date

APPROVAL OF CABINET OFFICER

Remarks:

Signature: _____ Date: _____
Cabinet Officer

Copy of this form and appointment letter sent to:
Immediate Supervisor
Secondary Supervisor
Payroll
Affirmative Action Officer

