University of Wisconsin-Superior
Academic Staff Promotion/Title Change Application

Applicant Name: ___________________________ Department: ______________________________

Current Hayes Hill Title: ___________________________ Years in Position: __________________

Check the correct box:

Promotion: ☐ Associate to No Prefix ☐ No Prefix to Senior ☐ Senior to Distinguished
☐ Title Change - Proposed New Hayes Hill Title: ___________________________

Required supporting documentation:
☐ Completed Academic Staff Promotion/Title Change Application, signed/dated
☐ Cover Letter from Applicant (See Appendix A for criteria)
☐ Current Position Description from Human Resources Office
☐ Performance Evaluations (most recent, signed and dated; See Appendix A)
☐ Department Organizational Chart
☐ Letter(s) of Support from Supervisor (See Appendix A for criteria)
☐ Comparison summary (Title change only; See Appendix A for criteria)
☐ TEI/UW Position Questionnaire (Title change only)
  https://www.uwsuper.edu/hr/forms/upload/UWPosition-Questionnaire.pdf

I understand the submission of all documents must be received in its entirety by the close of the application deadline day. I also understand the lack of documented evidence in support of my request for a Promotion/Title Change, or incomplete submission of forms, including those requiring administrative signatures, will be cause to deny my application.

___________________________________________________________  ______________________
Signature of Applicant                                                                                                 Date

I have reviewed the application materials attached.

___________________________________________________________  ______________________
Signature, First Level Supervisor  Date

___________________________________________________________  ______________________
Signature, Cabinet Officer  Date

To Be Completed by Human Resources

Date received: __________________ Date returned: __________________

Number of years in current title: __________________ Total number of years at UW-Superior __________________
Application materials: _____ Complete _____ Incomplete __________________ Performance Reviews (signed/dated)

 Recommendation of Personnel/Compensation Committee

Action: ____ Approved ____ Denied  Rationale for Denial:

___________________________________________________________  ______________________
Signature, Chair                                                                                               Date

Recommendation of Provost/Vice Chancellor of Academic Affairs

___________________________________________________________  ______________________
Signature, Provost                                                                                             Date