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| ***Text, logo  Description automatically generated*** | **Continuing Appointment Form (CAF)** | [**Form ID #**](https://eforms.uwsp.edu/workspace.aspx)**:** |
| Check only one:  Waiver (*fill out section below*)  Search & screen hire  Date: MM/DD/YYYY |
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| **Purpose of the Form:** Use this form to reappoint fixed-term academic staff members if they have taught in one of the two semesters preceding the one under consideration or who have worked at least five (5) months on a 0.33 FTE appointment during the last twelve (12) months. If this academic staff member worked previously, but not within the last twelve (12) months, then a criminal background check and sexual harassment check are required. If this involves an overload or leave without pay, refer to the information on the HR site for additional guidance. |

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| **Contract Information** | | | | | |
| Pay Basis/Appt Duration | Choose an item. | Begin Date: | MM/DD/YYYY | Ending Date: | MM/DD/YYYY |

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| **Person Information** | | | |
| Name: |  | | |
| EmplID: |  | UWSP Email Address: |  |

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| **Waiver Information (if applicable)** | |
| Waiver Reason | Choose an item. |
| Person Being Replaced: |  |

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| **Position Information** | | | | |
| Department/School/Unit: |  | | | |
| UW System (TTC) Title: |  | | UW System (TTC) Code: |  |
| Business Title: (limit 30 characters) |  | | Principle Work Location: | Choose an item. |
| Building & Room: |  | | Reports to (perf management): |  |
| UWS Education Code: | Choose an item. | | Time/Labor Approver: |  |
| UWSP Education Code: | Choose an item. | | Time/Labor Back up Approver: |  |
| Grant-funded: | Yes  No | | CBC/SHRC Requested: | Yes  N/A |
| Full-time Base Salary (at 1.0 FTE): |  | | # of Credits (if applicable): |  |
| Actual Salary Based on FTE: |  | | FTE of Appointment: |  |
| Rehired Annuitant? | Yes  No  Unknown | *A Rehired Annuitant:*  *- Receives a monthly WRS annuity\*; AND*  *- Had a valid termination; AND*  *- Served the minimum required break in employment between retirement and returning to work; AND*  *- Now works for an employer covered by the WRS.*  *\*If this person received a lump sum retirement benefit, they are not considered a rehired annuitant and UWSP must enroll them in the WRS.* | | |
| Position of Trust: | Yes  No  (Defined as: Having property access, financial/fiduciary duties, and all executive positions) | | | |
| Position of Trust with Access to Vulnerable Populations:  *For additional information, view the CBC policy* [*here*](https://www.wisconsin.edu/regents/policies/university-of-wisconsin-system-criminal-background-check-policy/)*.* | Yes  No  (Defined as: Responsibilities require unsupervised or significant access to vulnerable populations, defined as minors and medical patients. For purposes of this policy, a minor is a person under the age of eighteen (18) who is not enrolled or accepted for enrollment at a UW System institution. Examples of settings with vulnerable populations include child care centers, summer camps for minors, precollege or enrichment programs, and health care facilities. This category also includes employees who are not directly working in those units, but have unsupervised access to the unit when the vulnerable population is present. This category does not include faculty or instructional academic staff performing regular teaching, service, and research responsibilities unless these responsibilities include unsupervised or significant access to vulnerable populations.) | | | |
| Reasons for hire/courses teaching: |  | | | |

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| **Funding Information** | | | | | | | |
| If payment is delayed/held until completion, a standalone PAF must be completed in addition. | | | | | | | |
| Amount ($xx,xxx.xx) | Fund (xxx) | | Program (x) | | DeptID (Account) (xxxxxx) | Project (xxxxxxx) | **%** |
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| *Check when applicable:* | | *Replacement CAF*  *Additional CAF* | | *Original Form ID #:* \_\_\_\_\_\_\_\_\_ | | Total % must equal 100 | **0.00%** |
| *If applicable:* Date of cancellation due to insufficient enrollment: \_\_\_\_\_\_\_\_ | | | | | | *If applicable:* Date enrollment taken: \_\_\_\_\_\_\_\_ | |

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| **DocuSign routing instructions** |

1 – Department Chair/Associate Dean/Unit Supervisor – “Needs to sign” and date

2 – Dean/Director – “Needs to sign” and date (make sure to follow College or Division approval processes)

3 – Account Budget Manager (WISER) (if different than either prior signature) – “Needs to sign” and date

4 – Grant Accounting (if 113/133/144 account) – “Needs to sign” and date

5 – [hr@uwsp.edu](mailto:hr@uwsp.edu) – “Receives a copy”

HR will review and secure the remaining signatures

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| **Approvals** |
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| **Approved, Department Chair/Associate Dean/Unit Supervisor Date** |
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| **Approved, Dean/Director Date** |
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| **Approved,** **Account Budget Manager (WISER) (if different than either prior signature) Date** |
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| **Approved, Grant Accounting (if 113/133/144 account) Date** |

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| **STOP - Human Resources will review and secure the remaining signatures** |
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| **Approved, Director of Human Resources Date** |
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| **Approved, Vice Chancellor/Division Leader or designee Date** |