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| ***Text, logo  Description automatically generated*** | **Recommendation for FASLI Appointment Form (RAF)** | [**Form ID #**](https://eforms.uwsp.edu/workspace.aspx)**:**  |
| Check only one:[ ]  **TAM #:** [ ]  **Waiver** (*fill out section below*)[ ]  **Vacant Position Promotion Process** |
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| **Contract Information** |
| **Appointment Type** | [ ]  Faculty Appointment | [ ]  Academic Staff Appointment[ ]  Fixed-Term (No Intent to Renew)[ ]  Fixed-Term (Retention Notification) |
| [ ]  Limited Appointment |
| **For all new hires include resume/CV and official transcripts. Do not send reference letters with this form.** |
| **Pay Basis/Appt Duration** | Choose an item. | Begin Date:  | MM/DD/YYYY | Ending Date:  | MM/DD/YYYY |
| **New/Replacements** | [ ]  New Position |
| [ ]  Replacement Position (If replacement, for whom: Click or tap here to enter text. |

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| **Person Information** |
| Name: |  | Interview Date: |  |
| Email Address: |  | Primary Telephone No.: |  |

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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 (ie. AD001): |  |
| 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 Backup: |  |
| Relocation (link on HR site): | [ ]  Yes [ ]  No | CBC/SHRC/POET Requested: | [ ]  Yes [ ]  N/A |
| Full-time Base Salary (at 1.0 FTE):(Attach salary comp form if instructional) |  | # of Credits (If applicable): |  |
| Actual Salary Based on FTE: |  | FTE of Appointment: |  |
| 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.) |

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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 Code(xxx) | Program Code(x) | DeptID (Account) (xxxxxx) | Project ID(xxxxxxx) | **%** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| *If applicable:* Date of cancellation due to insufficient enrollment: \_\_\_\_\_\_\_\_ | *If applicable:* Date enrollment taken: \_\_\_\_\_\_\_\_ | Total % must equal 100 | **%** |

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| **Reasons for hire/courses teaching:** |
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| **Academic Status** |
| Degree Earned | Date | Institution | Major Field |
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| Other Graduate Study | Date | Institution | Credit Hours |
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| **Related Professional Experience** |
| Place | Rank/Title | % Time (Full/Part Time) | Dates |
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|  |  |  |  |
|  Total Years: |  |

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| **Teaching Experience (Only for Faculty and Instructional Academic Staff)** |
| **Elementary** | Place | Rank/Title | % Time (Full/Part Time) | Dates |
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|  |  |  |  |
|  |  | Total Years: |  |
| **Secondary** | Place | Rank/Title | % Time (Full/Part Time) | Dates |
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|  |  |  |  |
|  |  | Total Years: |  |
| **University** | Place | Rank/Title | % Time (Full/Part Time) | Dates |
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|  |  |  |  |
|  |  | Total Years: |  |
| **Experience to be included in appointment letter (Round to nearest half year)** |
| Related Professional Experience |  |
| Elementary Teaching Experience |  |
| Secondary Teaching Experience |  |
| College Teaching Experience |  |
| Total: |  |
| **Tenure** |
| Does the candidate have the minimum degree required to qualify for tenure?  | [ ]  Yes [ ]  No | Number of years granted toward tenure: *(include justification below)* |  |

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| **Contract Contingencies (if applicable)** |
| Reminder: Graduate Council approval is required prior to an appointee teaching a graduate course |
| Condition: |  |
| Education Code:  |  |
| Rank: |  |
| Salary: |  |

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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 – “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** |
|  |
| **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** |
| **Exemption Status**: | [ ]  Exempt [ ]  Non-Exempt | **Salary Compensation Form** | [ ]  Yes [ ]  No [ ]  N/A |
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| **Approved, Director of Human Resources Date** |
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| **If appointee was not competitively recruited, signature below required** |
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| **Approved, Vice Chancellor/Division Leader or designee Date**  |
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| **Approved, Chief Business Officer Date**  |