

UW-Milwaukee
LIMITED TERM EMPLOYMENT REQUEST/REPORT FORM

Name _____ Effective Date _____

Classification Title _____ Hourly Pay Rate _____ UDDS _____

Duties of Position (Attach Position Description, if necessary to describe duties adequately.)

If hired above minimum of comparable permanent class, check reason:			
<input type="checkbox"/> Current Perm. Employee	\$ _____	Current Pay Rate	
<input type="checkbox"/> Former Perm. Employee	\$ _____	Current Pay Rate	Classification _____ Ending Date _____

ACKNOWLEDGEMENT: I understand that this limited term employment does not give me rights to any permanent civil service position, does not lead to permanent status and is governed by s.230.26, Wis. Stats., Ch. ER-Pers 10, Wis. Adm. Code, and Ch. ER 10, Wis. Adm. Code.

I understand that as a limited term employee, I am not eligible for tenure, paid time off (e.g., compensatory time off, vacation, holidays, sick leave), performance awards or the right to compete in promotional exams. I may be eligible for worker's compensation, unemployment compensation and social security coverage. I may become eligible for group insurance and retirement benefits under Ch. 40, Public Employee Trust Fund, Wis. Stats.

I understand that the Administrator, Division of Merit Recruitment and Selection (DMRS) has the authority under s.230.26(5), Stats., to terminate my limited term employment if the University does not comply with s.230.26, Stats., and the administrative rules governing limited term appointments.

I understand the conditions of limited term employment as outlined above: _____
Employee Signature Date

I certify that the limited term employment of the above named individual is made in compliance with s.230.26, Stats., Ch. ER-Pers 10, Wis. Adm. Code, and Ch. ER 10, Wis. Adm. Code; that the employee is qualified to perform the duties of this position; that the total duration of the employment will not exceed legal limits; and that Ch. ER-Pers 24, Wis. Adm. Code will not be violated by employing the above named individual.

Supervisor _____ Date _____

Appointing Authority Signature _____ Date _____



For Human Resources Use Only:

Delegated _____ Non-Delegated _____

Appt ID # _____

Previous State Employment <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes: <input type="checkbox"/> Current Perm. Employee	Where last employed? _____	LTE hrs worked last 12 mo _____
<input type="checkbox"/> Former Perm. Employee		
<input type="checkbox"/> LTE		

CES approval _____ Date _____

Distribution: P-file, Employee, Division/Department