**Please attach a completed** [**IPAR Form**](https://adminservices.uwosh.edu/wp-content/uploads/2017/11/IPAR-New-Form.pdf)**.** **This form should be signed by the supervisor *only* and then sent directly to Human Resources.** To ensure timely payments, please submit the signed form and other required paperwork to Human Resources by **the fifth (5th) of the calendar month** in which the action is effective**.** Due to the volume of actions received, paperwork received after the 5th of the month may result in delayed processing.

|  |  |
| --- | --- |
| **Employee Name:** | **Person ID:** |
| **Mailing Address:** | **City, State, Zip:** |
| **Employee Email:** |  |
| **Current Salary:**       **Current FTE:** | |
| Department: | Contact Name (Prepared by): |
| Contact Email: | Contact Phone: |

Check here if rehire annuitant

Check here if no changes to Terms of Contract, Contract Details, Department Number Funding from previous

year for this employee

**NOTE: You still must input the Actual Start and End Date of Contract.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Terms of Contract** | | | |
| Fixed Term Contract Period:  One Semester Only  One Year Only  Annual | | | |
| Actual Start Date: | | Actual End Date: | |
| Annualized FTE: | x Base $ | | = Actual Salary: $ |

|  |
| --- |
| **Contract Details** |
| Title: |
| # Credits (Teaching): |
| Contingencies (if any): Subject to funding |
| Professional Responsibility\*: |

**\*See Professional Responsibility requirements on page 2**

|  |  |
| --- | --- |
| **Department Number Information** | |
| Dept No. to Charge: | Percentage: |
| Dept No. to Charge: | Percentage: |
| Dept No. to Charge: | Percentage: |

**Comments:**

|  |  |  |
| --- | --- | --- |
| Approvals - Obtain dept. chair/supervisor signature then route to Human Resources to be reviewed through IPAR | | |
| Dept. Chair/Supervisor | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approvals for grant funded positions ONLY** | | | |
| Budget Office | Date | Human Resources | Date |
| Dean/AVC | Date | Vice Chancellor/Chancellor | Date |

|  |
| --- |
| **-- For Human Resources Use Only--** |
| FTE: (point in time) 🞎 CBC 🞎 HRS 🞎 Funding 🞎 Benefits/WRS Contract Sent: |