# CALS Zero Dollar L/I Appointment request form

Please provide the following information.

Name of Visiting Appointee: **<individual’s name>**

Expected dates of Visiting Appointment: **<appointment period>**

Proposed working title: **<Assistant, Associate, full Professor L/I>**

Please briefly detail the responsibilities/relationship the visitor will hold while at UW-Madison.

Please attach a copy of the visitor’s current vitae and any other supporting information you deem helpful to this request.

**Dr. <name> holds an <Assistant, Associate, full> Professor appointment with the University of Wisconsin-<location> Dr. <name>’s CV is attached.**

**<Provide justification for appointment, including indication of PI with whom individual will be working.>**

**A zero-dollar Associate Professor L/I appointment is requested to provide Dr. <name> with an affiliation to the <unit name>, through which she/he will have access to campus and applicable systems/services.**

Please identify the source(s) of funds which will support Visitor’s research/related activities while at UW-Madison:

**This is a $0 appointment.**

My signature indicates I understand and accept the above recommendations and requirements for visiting appointees.

Signatures/Dates:

 Faculty Supervisor/Mentor: Date:

 Department Chair/Director: Date:

Approved Appointment Title:

 Dean/Designee: Date:

*Route to: CALS Human Resources, 240 Agricultural Hall. Upon approval, HR staff will return a signed copy to the faculty supervisor/mentor, chair/director, and administrator, at which time the administrative staff may submit the appointment paperwork to the CALS payroll office.*