

UW-Madison
Department of Bacteriology
PVL Request Form
(updated 5/2/11)

CORE

Position/PVL Type: New Replacement
Appointment Type: Academic Staff
Terminal or Renewable: Terminal Renewable
Position Available Date:
Assured Consideration (application deadline):
If Terminal, Appointment End Date:
Title Code Number(s):
Title Names:
Number of Positions:
Working Title:
Major Department (UDDS): A072800
Other Appointment Departments:
Fund (101, 144, 233 etc.):
Program Code (2,4,6 etc.):
Project/Account (if applicable):

SALARY/TITLE

Pay Basis: Annual (12 month) Academic (9 month)
Salary (Full Time Rate) Minimum:
Minimum Percent:
Maximum Percent:

CONTACTS

Primary Contact (listed on posted PVL)

Last Name:
First Name:
Address:
Phone Number:
Release Phone Number: Yes No
Fax Number (if released):
Email Address:
Release Email Address: Yes No

QUALIFICATIONS

Required Degree/s & Specialization Area/s (please specify required vs. preferred):

Minimum Number of years & type of relevant work experience, other qualifications:

SUPERVISORY

Number of FTEs Supervised:

DUTIES

Principal Duties:

REPLACEMENT

If replacement, former incumbent:

Appointment ID Number:

Name: