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: