UW-MILWAUKEE LTE ACTION FORM

Data as of close of _____ Ledgers_____ Last Pay Period Posted _____ Pay Periods Remaining _____

1. LAST NAME FIRST MIDDLE PRIOR NAME	2. APPT #	3. LAST 4 DIGITS OF SSN#	4. PERSON ID	5. LTE MONITORING

CHECK ALL APPLIC	6. EXPLANATION	7. APPROVALS	
	A. NEW HIRE REQUIRES COMPLETION OF: MRS-50 DER LTE R/R FROM	PRINCIPAL INVESTIGATOR DATE	DEAN/DIVISIOIN DATE
	B. WAGE INCREASE PROVIDE JUSTIFICATION IN REMARKS SECTION NEW RATE $ _____ EFFECTIVE DATE_____	DEPARTMENT CHAIR DATE	***FOR OFFICE USE ONLY*** PERSONNEL / ACCOUNTING / PAYROLL
	C. FUNDING /ENCUMBRANCE CHANGE COMPLETE FUNDING SECTION	8. SALARY CASH TRANSFER	
	D. TERMINATION APPT END DATE _____	A. REASON FOR TRANSFER:	
	E. SALARY CASH TRANSFER NEEDED IF PARTIAL PERIOD, PROVIDE HOURS WORKED IN EACH FUNDING SPLIT IN REMARKS SECTION	B. STEPS BEING TAKEN TO AVOID RECURRENCES:.	
	F. FUNDING ROLLOVER COMPLETE FUNDING SECTION		

9. APPOINTMENT INFORMATION		10. REMARKS	
A. APPT UDDS _____	E. DEPT NAME _____		
B. TITLE CODE _____	F. TITLE _____		
C. RATE/HOUR _____	G. % OF TIME _____		
D. RANGE MIN (Pay Max)	APPT EFF DATE	B. I-9 FORM ON FILE: _____ C. JOB SERVICE REFERRAL _____	D. RETIREMENT ELIGIBLE YES_____ NO _____

11. FUNDING INFORMATION

FUNDING UDDS	FUNDING BEGIN DATE	FUNDING END DATE	FUND	ACCOUNT	ACT	LAST PD	ENCUMBRANCE	PAID TO DATE	OPEN BALANCE	EXCEEDS MAX BY