

Health Science Center New Employee Form

Please complete the information below:

1. Name: _____

2. Please check:

_____ Faculty

_____ UW-La Crosse

_____ Staff

_____ UW-Madison

_____ Student

_____ Western Technical College

_____ Contractor

_____ Gundersen Lutheran Research

_____ Student Health Clinic

3. Picture taken: _____ Yes _____ No

4. Office Number:

5. Phone Number:

6. E-mail Address:

7. Office signage should read as follows: (Example: Joe Smith, UW-Physical Therapy)

8. HSC Key Request - Please list all room numbers:

9. Swipe Card - (employee needs to have their ID card swiped at the HSC Information Desk) Please list requested access which would include lab room #'s and/or building access:

