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:
Office Use Only:

1. HSC E-mail Distribution List
   Date Requested: ____________
   Date Completed: ____________

2. Keys
   Acceptance of Key: Name __________________________
   Date ____________
   Lost or Stolen Keys: Name __________________________
   Date ____________

3/10/2009