



Summer Intake Form

This form is for Faculty and ongoing Instructional Academic Staff to share information about summer employment with Department Administrators.

Summer Intake Forms are **required** to be completed, signed by the employee and Department Chair, and attached to the summer appointment hire or job change that will be entered in Workday by Department Administrators.

Employee Name: _____

Types of Appointments

Each summer employment term comprises 13 weeks (6.5 biweekly pay periods). Summer Session and Summer Service employment occurs during this 13-week period. Faculty and Instructional Academic Staff are not permitted to exceed 17.5 biweekly pay periods of work over the course of three summers.

Faculty and Instructional Academic Staff may have multiple appointments over the summer depending on the type of work they will be performing.

- **Summer Session Appointments:** used for instruction only
- **Summer Service Appointments:** used for research or other services/ administrative activities

Note: Retroactive payments requested after the beginning of the Fall term may not be possible and will be evaluated on a case-by-case basis.

Prior Summer Work Commitment

Department Administrators: Please enter details of the previous two summer biweekly commitments (which can be found on the Summer Eligibility Report) and the number of biweeklies remaining for Summer 2026 on the table below **OR** attach Summer Eligibility Report to the hire in Workday.

Summer 2024	Summer 2025	Remaining Biweekly

Summer 2026 Planned Biweeklies: _____

Summer Session

Complete this section if you are instructing courses over the summer.

1. What department(s) are you working for this summer?



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2. List the courses and number of credits, and the dates you will be teaching in the table below.

Course Number	Credits	Dates

Summer Service

Complete this section if you are performing research/administrative work during summer.

1. What department(s) are you working for this summer?

2. What work will you be performing? (i.e. what research will you be conducting, what administrative tasks will you be performing, etc.)

3. List the biweekly Funding Source(s)/Percentage(s) for each pay period you will be working.
 - a. You can leave pay periods when you are not working blank.
 - b. The total percentages for each pay period for funding sources must add up to 100%.

Pay Period	Cost Center <i>and</i> Grant/Program/Gift/Project	Percentage
05/17/2026 - 05/30/2026		
	TOTAL:	



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Pay Period	Cost Center <i>and</i> Grant/Program/Gift/Project	Percentage
05/31/2026 - 06/13/2026		
	TOTAL:	
06/14/2026 - 06/27/2026		
	TOTAL:	
06/28/2026 - 07/11/2026		
	TOTAL:	
07/12/2026 - 07/25/2026		
	TOTAL:	
07/26/2026 - 08/08/2026		
	TOTAL:	



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Pay Period	Cost Center <i>and</i> Grant/Program/Gift/Project	Percentage
08/09/2026 - 08/16/2026 (partial)		
	TOTAL:	

Justification for Exceeding 17.5 Biweekly Pay Periods (if applicable)

If you will be exceeding the 17.5 bi-weekly pay periods in aggregate over the last two summers through the upcoming/current summer, provide a justification for the request. The justification should include how the work performed will advance the mission of your department and the School of Education.

General Comments

If you have any additional comments or information to provide for your summer work.



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Employee Attestation

I attest that all information provided is true, complete, and accurate to the best of my knowledge. I acknowledge that I have reviewed, understand, and am complying with all applicable School of Education and UW–Madison policies governing summer appointments, including requirements related to workload, duties, and eligibility. I understand that if I am using research funds, I will need to certify that the payments are to support research work being conducted during the summer months requested. All salary disbursements have the approval of the Principal Investigator.

I understand my responsibility to promptly report any changes affecting this information to my summer appointment. I understand that retroactive payment requests made after the beginning of the Fall 2026 term may not be possible and will be evaluated on a case-by-case basis.

Employee Signature: _____ **Date:** _____

Department Chair Signature: _____ **Date:** _____



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For Department Administrator Use

FTE Changes

FTE Changes Needed for this appointment:

Effective Date	New FTE	Submitted in Workday
		<input type="checkbox"/> Date Submitted: <input type="checkbox"/> FTE Change Document sent via Workday
		<input type="checkbox"/> Date Submitted: <input type="checkbox"/> FTE Change Document sent via Workday
		<input type="checkbox"/> Date Submitted: <input type="checkbox"/> FTE Change Document sent via Workday
		<input type="checkbox"/> Date Submitted: <input type="checkbox"/> FTE Change Document sent via Workday
		<input type="checkbox"/> Date Submitted: <input type="checkbox"/> FTE Change Document sent via Workday

Funding Changes

Funding Changes Needed for this appointment:

Effective Date	New Funding	Submitted in Workday
		<input type="checkbox"/> Date Submitted:
		<input type="checkbox"/> Date Submitted:
		<input type="checkbox"/> Date Submitted:
		<input type="checkbox"/> Date Submitted:
		<input type="checkbox"/> Date Submitted: