

# Family Medicine and Community Health Unpaid Appointment Request Form

Prior to appointing an unpaid staff member such as a student learner, honorary fellow/associate, volunteer or zero dollar staff, this form must be completed and approved. You will receive an email notification when it is denied or approved. Return the signed appointment request form and current CV (required for honorary fellow/associates only) to DFMCH Human Resources, Todd Schry or Michelle McCrumb, in room 1808. **DO NOT EMAIL THIS FORM; IT CONTAINS CONFIDENTIAL INFORMATION.** The complete, unpaid appointment guidelines can be found on the DFMCH intranet site under the Human Resource Services section.

**Proposed appointment type (if known):**

Student for Credit
Honorary Fellow/Associate
Volunteer
Zero Dollar/other unclassified

**Name of the person who will supervise this position:** \_\_\_\_\_

**Name of the PI/Manager who will be responsible for this position:** \_\_\_\_\_

---

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
Last Name, First Name, Middle Personal and Business

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
Street, City, State, Zip **Work Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **\*Social Security #:** \_\_\_\_\_  
 \*SSN required for honorary fellows/associates only

**Work Unit/UDDS:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

---

**Emergency Contact:** \_\_\_\_\_  
Last Name, First Name, Middle Initial

**Address:** \_\_\_\_\_  
Street, City, State, Zip

---

**Proposed Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
 (required, maximum of one year)

Why is the appointment being requested? Please provide a detailed explanation of the purpose and duties of this position including how the position enhances or provides benefits to both the work unit and volunteer, as well as the number of hours per week:

**The UW policy does not require criminal background checks for honorary/volunteer appointments unless the position has access to vulnerable populations, property access, computer systems access or fiduciary matters.**

Will the person need Computer Systems/Shared Folders Access?	Yes	No
Will the person interact with patients in a clinical setting or with research subjects? **	Yes	No
Will the person interact with children or minors? ***	Yes	No
Does the person require a Visa?	Yes	No

\*\* Caregiver background check required; \*\*\*Mandatory child abuse reporting training needed

\_\_\_\_\_  
Signature of Supervisor/Principle Investigator \_\_\_\_\_  
Date

\_\_\_\_\_  
Department HR Signature \_\_\_\_\_  
Date