

O ce of Financial Aid and Scholarships **Regents Service Program Employment Funding Proposal** 2024-2025

This form must be submitted by March 31st, 2024

	SECTION 1: EMPL	LOYER INFORMAT	ION		
Department: Contact Name:					
Phone Number:		Email:	Email:		
Address:					
Personnel Contact:		Phone Number:			
Email:	nail: Fax:				
	SECTION 2: POS	ITION INFORMAT	ION		
Title of Position:					
Number of Undergraduate Positions Requested: Number of Graduate Positions Requested:					
Is the position related to	K-12 Literacy Programs?	Ye N			
Position's Direct Supervis	sor Name:	<u>Ema</u>	<u>iil:</u>		
Direct Supervisor Title:					
Location where work will	be performed:				
Indicate the duration of t	the program: Fa 2024	S g 2024	Acade c Yea		
SECT	TION 3: POSITION DESC	CRIPTION AND RE	QUIREMENTS		
1. List the four primary ta	asks and responsibility to be	performed, then indi	cate the percentage	of each.	
				Percentage:	
Task/responsibility #7	<u>1:</u>				
T 17 11 11 11 11 11 11 11 11 11 11 11 11			Percentage:		
<u>Task/responsibility #2</u>	<u> </u>				
Task/responsibility #3	o.			Percentage:	
rask/responsibility #3	<u>).</u>				
				Percentage:	
Task/responsibility #4	<u>4:</u>				
				/	
Contact Information	A e Sa, b-	<u>Ea:</u> aa,b. @	ed- <u>Fa:</u> ((775) 784-1025	



O ce of Financial Aid and Scholarships **Regents Service Program Employment Funding Proposal** 2024-2025

SECTION 3: POSITION DESCRIPTION AND REQUIREMENTS (Continued)			
2. Required Skills/Quali cations:			
3. Preferred Academic Major:			
4. Coursework or degree pre-requisites:			

.ed-



O ce of Financial Aid and Scholarships Regents Service Program **Employment Funding Proposal**

2024-2025

SECTION 4: ASSESSMENT

In the space provided, list and explain 3-5 speci c measures you will use to assess the impact your program has had for the student employee and the population served (Reference numbers 5 and 6 above).

Note: Annual reports must include a summary of assessment results.

SECTION 5: BUDGET

Minimum annual dollar amount needed to implement program:

Maximum annual dollar amount needed to implement program:

Speci citems/amounts included in budget:

SECTION 6: CERTIFICATION

e f a , ded ab , e , a acc a e a d c eedec fe, (,) la q a a ee a , a.lce f a , g.l·de, ada e, b ,, f , , ad e be-, ed , de c - , e , - c e, e f· d, c

Employer's Signature:

Date:

Submit Proposals To:

Ashley Salisbury

E-Mail: a , b @ .ed-

Campus Mail: Ma S 0076

Fax: (775) 784-1025