Office of Financial Aid and Scholarships
Regents Service Program
Employment Funding Proposal
2025-2026

This form must be submitted by March 28th, 2025

SECTION 1: EMPLOYER INFORMATION

Department: _____ **Contact Name:** _____

Phone Number: _____ **Email:** _____

Address: _____

Personnel Contact: _____ **Phone Number:** _____

Email: _____ **Fax:** _____

SECTION 2: POSITION INFORMATION

Title of Position: _____

Number of Undergraduate Positions Requested: _____ **Number of Graduate Positions Requested:** _____

Is the position related to K-12 Literacy Programs? ◯ Yes ◯ No

Position's Direct Supervisor Name: _____ **Email:** _____

Direct Supervisor Title: _____ **Work Location:** _____

Position Distance to UNR/UNR Lake Tahoe Campus: _____

Indicate the duration of the program: ◯ Fall 2025 ◯ Spring 2026 ◯ Academic Year

SECTION 3: POSITION DESCRIPTION AND REQUIREMENTS

1. List the four primary tasks and responsibility to be performed, then indicate the percentage of each.

Task/responsibility #1:		**Percentage:** ☐
Task/responsibility #2:		**Percentage:** ☐
Task/responsibility #3:		**Percentage:** ☐
Task/responsibility #4:		**Percentage:** ☐

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SECTION 3: POSITION DESCRIPTION AND REQUIREMENTS (Continued)

2. Required Skills/Qualifications:

3. In the space provided, explain how this placement will enhance the student employee record of accomplishment and responsibility in the areas consistent with their career or academic objectives. *(Not to correlate with ways a general Work Study or student worker position would enhance a student resume.)*

4. In the space provided, explain how or what this position will contribute to the State of Nevada, the community, and/or the University. Specifically identify the population to be served by this position and the number of individuals expected to be served by each employee.

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SECTION 4: ASSESSMENT

In the space provided, list and explain 3-5 specific 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: _____

Specific items/amounts included in budget:

SECTION 6: CERTIFICATION

I certify that the information provided above is an accurate and complete description of the position(s) I am proposing. I understand that the submission of this proposal does not guarantee approval. I certify that positions hired with these funds will not be used to provide course instruction.

Employer's Signature: _____ **Date:** _____

Submit Proposals To:

Ashley Haserot

E-Mail: ahaserot@unr.edu

Campus Mail: Mail Stop 0076

Fax: (775) 784-1025