



**Office of Financial Aid and Scholarships  
Regents Service Program  
Employment Funding Proposal  
2026-2027**

*Revised: 03/2026  
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**This form must be submitted by April 8<sup>th</sup>, 2026**

**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 2026      Spring 2027      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.**

<b><u>Task/responsibility #1:</u></b>	<b><u>Percentage:</u></b>
<b><u>Task/responsibility #2:</u></b>	<b><u>Percentage:</u></b>
<b><u>Task/responsibility #3:</u></b>	<b><u>Percentage:</u></b>
<b><u>Task/responsibility #4:</u></b>	<b><u>Percentage:</u></b>



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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](mailto:ahaserot@unr.edu)

**Campus Mail:** Mail Stop 0076

**Fax:** (775) 784-1025

**Contact Information**

Phone: (775) 784-4666

Email: [finaid@unr.edu](mailto:finaid@unr.edu)

Fax: (775) 784-1025