

Contact Information

Office of Financial Aid and Scholarships Regents Service Program Employment Funding Proposal 2024-2025

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This form must be submitted by March 31st, 2024

| SECTION 1: EMPLOYER INFORMATION | |
|---|--|
| Department: | Contact Name: |
| Phone Number: | Email: |
| Address: | |
| Personnel Contact: | Phone Number: |
| Email: | <u>Fax:</u> |
| SECTION 2: POSITION INFORMATION | |
| <u>Title of Position:</u> | |
| 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: |
| <u>Direct Supervisor Title:</u> | |
| Location where work will be performed: | |
| Indicate the duration of the program: Fall | 2024 Spring 2024 Academic Year |
| SECTION 3: POSITION D | DESCRIPTION AND REQUIREMENTS |
| 1. List the four primary tasks and responsibility t | to be performed, then indicate the percentage of each. |
| Task/responsibility #1: | <u>Percentage:</u> |
| Task/responsibility #2: | Percentage: |
| Task/responsibility #3: | <u>Percentage:</u> |
| Task/responsibility #4: | <u>Percentage:</u> |

Email: asalisbury@unr.edu

Fax: (775) 784-1025

Ashley Salisbury



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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:

<u>Submit Proposals To:</u>
<u>Ashley Salisbury</u>

E-Mail: aslisbury@unr.edu **Campus Mail:** Mail Stop 0076

Fax: (775) 784-1025

Contact Information Ashley Salisbury <u>Email:</u> asalisbury@unr.edu <u>Fax:</u> (775) 784-1025