TSD WORK STUDY APPLICATION/SCHEDULE Training Services Division, Office of Human Resources					THIS WORK STUDY SESSION IS New Subsequent Amended				
EMPLOYEE INFORMATION									
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)					Workday #:				
					Home Phone #:				
HOME ADDRESS, CITY, STATE, ZIP					% Employed:				
					Condensed: _YES NO				
					Work Hours:				
ADMINISTRATION NAME AND MAILING ADDRESS (Spell/No acronym)						Office Phone #:			
POSITION TITLE:	POSITION TITLE: WORK ENTRY DATE:				In Probation Period: Yes No				
					PEP DATE	:			
					PEP Satisfactory: Yes No				
EDU	JCATI	ONAL FA	CILITY						
EDUCATIONAL INSTITUTION/FACILITY NAME AI	ND M	AILING A	DDRESS	RESS Yes US Departm					
					Accreditation Proof Attached				
DEGREE/CERTIFICATE SOUGHT (NO ACRONYM):	S	START DATE:			1st request or if changed Semester: [CHECK ONE ONLY]				
	_	ND DATE:	Centester						
					Spring Summer Winter Fall				
		INFORM	-						
(MUST CHECK) OFFICIAL COURSE DESCRIPTION(S) WITH DATES & TIMES INCLUDED (Not your student schedule)									
					-	-		-	
(MUST CHECK) SUPERVISOR LETTER OF ACKNOWL	EDGE	MENT/RE	COMMENI	DATION	TO PARTIC		THIS SEM	ESTER	
(MUST CHECK) SUPERVISOR LETTER OF ACKNOWL	EDGE	MENT/RE <mark>OT TAKEN</mark>		DATION YOUR R	TO PARTIC	VORK D	THIS SEM	ESTER	
(MUST CHECK) SUPERVISOR LETTER OF ACKNOWL **PLEASE DO NOT LIST COURSES/TIMES THAT A (EXAMPLE) - Child Development II - 131-01	EDGE	MENT/RE	COMMENI	DATION YOUR R	TO PARTIC	CIPATE 1 VORK D 1:00	THIS SEM	ESTER	
(MUST CHECK) SUPERVISOR LETTER OF ACKNOWL	EDGE	MENT/RE <mark>OT TAKEN</mark> 3		DATION YOUR R	TO PARTIC	CIPATE VORK D 1:00 STAR	THIS SEM AY SCHE - 5:00	ESTER EDULE** 8 TOTAL RELEASE	
(MUST CHECK) SUPERVISOR LETTER OF ACKNOWL **PLEASE DO NOT LIST COURSES/TIMES THAT A (EXAMPLE) - Child Development II - 131-01 COURSE TITLE(s)	EDGE	MENT/RE OT TAKEN 3 NO. OF	COMMENI I DURING N NO ONLINE	DATION YOUR R	TO PARTIC	CIPATE VORK D 1:00 STAR	THIS SEM AY SCHE - 5:00 T/END	ESTER EDULE** 8 TOTAL	
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