

**WORK STUDY APPLICATION/SCHEDULE**

Training Services Division, Office of Human Resources

**THIS WORK STUDY SESSION IS** New  Subsequent  Amended**EMPLOYEE INFORMATION**

<b>EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL)</b>		Workday #:
		Home Phone #:
<b>HOME ADDRESS, CITY, STATE, ZIP</b>		% Employed:
		Condensed: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Work Hours:
		Days: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S
<b>ADMINISTRATION NAME AND MAILING ADDRESS (Spell/No acronym)</b>		Office Phone #:
<b>POSITION TITLE:</b>	<b>WORK ENTRY DATE:</b>	In Probation Period: <input type="checkbox"/> Yes <input type="checkbox"/> No
		PEP DATE:
		PEP Satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATIONAL FACILITY**

<b>EDUCATIONAL INSTITUTION/FACILITY NAME AND MAILING ADDRESS</b>		<input type="checkbox"/> Yes <b>US Department of Education Accreditation Proof Attached 1st request or if changed</b>
<b>DEGREE/CERTIFICATE SOUGHT (NO ACRONYM):</b>	<b>START DATE:</b>	Semester: <b>[CHECK ONE ONLY]</b>
	<b>END DATE:</b>	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Winter <input type="checkbox"/> Fall

**COURSE INFORMATION**

**(MUST CHECK) OFFICIAL COURSE DESCRIPTION(S) WITH DATES & TIMES INCLUDED (Not your student schedule)**

**(MUST CHECK) SUPERVISOR LETTER OF ACKNOWLEDGEMENT/RECOMMENDATION TO PARTICIPATE THIS SEMESTER**

**\*\*PLEASE DO NOT LIST COURSES/TIMES THAT ARE NOT TAKEN DURING YOUR REGULAR WORK DAY SCHEDULE\*\***

<b>(EXAMPLE) - Child Development II - 131-01</b>	<b>3</b>	<b>NO</b>	<b>W/T</b>	<b>1:00 – 5:00</b>	<b>8</b>
<b>COURSE TITLE(s)</b> (LIST COURSE NAME AND COURSE #/No ACRONYMS)	<b>NO. OF CREDITS</b>	<b>ONLINE YES/NO</b>	<b>WEEKDAY(S)</b>	<b>START/END TIME</b>	<b>TOTAL RELEASE HOURS</b>

**EMPLOYEE OFFICE APPROVALS**

<b>PRINT APPOINTING AUTHORITY NAME &amp; TITLE</b>	<b>Appointing Authority Signature</b>	<b>Date</b>
<b>PRINT SUPERVISOR NAME &amp; TITLE</b>	<b>Supervisor Signature</b>	<b>Date</b>
<b>PRINT EMPLOYEE NAME &amp; TITLE</b>	<b>Employee Signature</b>	<b>Date</b>

**+++++ TSD USE ONLY +++++**

<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DENIED</b>	<b>DATE:</b>	
<b>APPROVER/TRAINING SERVICES DIVISION:</b>	<b>201 W. Preston Street, Room 106</b>	<b>Phone Number</b>
<b>SIGNATURE:</b>	<b>Baltimore, Maryland 21201</b>	<b>410-767-1605</b>