

**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:

Compressed Schedule: ☐ YES ☐ NO**ADMINISTRATION NAME AND MAILING ADDRESS (Spell/No Acronym)****ENTER START/END HOURS – NOT VARIES:**
Work Hours:**Office Phone #:****CHECK ALL THAT APPLY:**Days: ☐ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S**POSITION TITLE:****WORK ENTRY DATE:**In Probation Period: ☐ Yes ☐ No

PEP DATE:

PEP Satisfactory: ☐ Yes ☐ No**EDUCATIONAL FACILITY****EDUCATIONAL INSTITUTION/FACILITY NAME AND MAILING ADDRESS**☐ US Department of Education
Accreditation Proof Attached**SUBMIT ONCE FOR EACH SCHOOL****DEGREE/CERTIFICATE SOUGHT (NO ACRONYM):****START DATE:****END DATE:**Semester: **[CHECK ONE ONLY]**☐ Spring ☐ Summer ☐ Winter ☐ Fall**COURSE INFORMATION**☐ **(MUST PROVIDE) OFFICIAL COURSE DESCRIPTION(S) WITH DATES & TIMES INCLUDED (NOT YOUR STUDENT SCHEDULE)**☐ **(MUST PROVIDE) SUPERVISOR LETTER OF ACKNOWLEDGEMENT/RECOMMENDATION TO PARTICIPATE THIS SEMESTER****(EXAMPLE) - Child Development II - 131-01****3****NO****W/T****1:00 – 5:00****8****COURSE TITLE(s)****NO. OF
CREDITS****ONLINE
YES/NO****WEEKDAY(S)****START/END
TIME****TOTAL
HOURS**

(LIST COURSE NAME SPELLED OUT AND NUMBER)

****PLEASE DO NOT LIST COURSES & TIMES THAT ARE NOT TAKEN DURING YOUR REGULAR WORK DAY SCHEDULE******EMPLOYEE OFFICE APPROVALS****PRINT APPOINTING AUTHORITY NAME & TITLE****Appointing Authority Signature****Date****PRINT SUPERVISOR NAME & TITLE****Supervisor Signature****Date****PRINT EMPLOYEE NAME & TITLE****Employee Signature****Date****+++++ TSD USE ONLY +++++**☐ **APPROVED** ☐ **DENIED****DATE:****TRAINING SERVICES DIVISION REVIEWER:****201 W. Preston Street, Room 106
Baltimore, Maryland 21201****Phone Number
410-767-1605****SIGNATURE:**