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:** _____

_____

Indicate the duration of the program: ◯ Fall 2025 ◯ ◯

		Percentage:
Task/Responsibility #3:		Percentage:
Task/Responsibility #4:		Percentage:

Contact Information	Phone: (775) 784-4666 Email: naid@unr.edu