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**Technology & Occupational Sciences**

**Paraprofessional Request**

**Fill in the form, print, sign, and submit to the department head.**

Program: Click here to enter text.

Course(s): Click here to enter text.

Supervisor: Click here to enter text.

Semester (ie. Fall 2010): Click here to enter text.

Hours Needed (per week): Click here to enter text.

Note: Attach description of duties.

Advertise Position (Yes/No): Choose an item.

If no, complete the following section:

**Paraprofessional Information (if known)**

Name: Click here to enter text.

NMU IN# (if available): Click here to enter text.

Home Address: Click here to enter text.

Telephone #: Click here to enter text.

E-mail: Click here to enter text.

**Note: At the beginning of employment, employees must complete an I-9 (proof of citizenship) and tax forms. Employees will be provided a list of acceptable documents and asked to provide evidence of identity within three days of employment.**

Supervisor : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Office Use**

Pay Code \_\_\_ Status \_\_\_ Location \_\_\_\_

Dept. Code \_\_\_\_\_ Job Class \_\_\_\_\_\_ Obj. Code \_\_\_\_\_\_

Pay Rate \_\_\_\_\_\_ Account Code \_\_\_\_\_\_\_\_\_\_ Supervisor Code \_\_\_\_ Position #\_\_\_\_\_\_\_