

Student's Name:

Phone:

Email:

Date Submitted:

### **Substitute Employer Information**

Organization Name:

Supervisor Name:

Phone:

Email:

Website:

Position Title:

Description of Duties:

Duration (start/end dates):

Average Hours per Week:

### **Second Substitute Employer (if applicable)**

Organization Name:

Supervisor Name:

Phone:

Email:

Website:

Position Title:

Description of Duties:

Duration (start/end dates):

Average Hours per Week:

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Return completed form to Mark Musell, Director of Public Management Programs.

***APPROVED***

***DENIED***

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