

**Partner Opportunities Program
Office of the EVC- Academic Affairs**

Request for Services Form

Department Information

Date: _____ Department: _____
Services requested
by: _____ E-mail Address: _____
Work Phone: () _____ Cell Phone: () _____
Department Chair: _____
Name of employee we are attempting to recruit or retain: _____
Current or Proposed Title: _____
Anticipated appointment
date (if applicable): _____ Recruitment or Retention: _____

Spouse/Partner Information

Full Name: _____
First *M.I.* *Last*
Address: _____
Street Address *Apartment/Unit #*
_____ *City* *State* *ZIP Code*
Home
Phone: () _____ Alternate Phone: () _____
E-mail Address: _____
If request is urgent, please
explain: _____

Please provide any additional information, such as career interests or employment background
Please attach resume/CV if available.

Department Chair Signature

Department Chair
Signature: _____

POP Request Submissions

Please submit the completed form via one of the following methods:
e-mail to jennifer@ucsd.edu, fax to (858) 534-2362.

For more information, contact Program Director Jennifer Park, x25862.