BELLEVUE
C O L L E G E

| Legal Name | Social Security Number (required) | Birthday (MM/DD/YYYY) | Leaal Sex Female Male Not exclusively Female or Male |
| :---: | :---: | :---: | :---: |
| Paraprofessional is paid (employed) by Puget Sound Regional Archives Eastern Washington University University of Washington Bellevue College Academic Affairs | Planned Time Frame for Assignment Begin date 11/01/2023 <br> End date N/A |  | Anticipated Weekly Hours N/A |



| Supervisor Name <br> Michael Reese | Title <br> Associate Dean | Department <br> Academic Affairs |
| :--- | :--- | :--- |
| Supervisor signature |  |  |

## Paraprofessional's signature

## Routing Instructions

1) Supervisor and Paraprofessional complete and sign this form
2) Paraprofessional submits the completed registration form through "Paraprofessional Registration" page
