



Student Scholarship Supervisor Endorsement Form

Please provide detail information concerning your Student Employee's job duties and performance. Be sure to include comments that highlight the individual's strengths as a valued team member.

To be completed by Immediate Supervisor

Student Name	Employee ID Number
Department/Agency	Name of Direct Supervisor
Supervisor Title	Contact Phone Number

Description of Job Duties (attach additional materials, if necessary)

Job Performance (attach additional materials, if necessary)

I hereby acknowledge that the work as described above is a factual accounting of the job duties and performance regarding Student Employee _____.
Name of Student (please print)

Supervisor Signature	Date
Student Signature	Date

Return completed form to:
Michigan Information Systems Association (MISA)
P.O. Box 493
Dimondale, Michigan 48821