

SAAIP Agency Participation Form

This form must be complete for each unique position and emailed to:

Eric Barber, DPM

DPMBAA@wi.gov

DO NOT SEND HARDCOPY TO DPM - PLEASE SEND BY EMAIL

SAAIP Coordinator:			
	Name	Email	
Agency/University:			
Division/Unit:			
Position Title:			
Number of Hires Sought		Minimum Hourly Rate:	Maximum Hourly Rate:
Location: (City)			
Intern Supervisor:			Email:

· Brief Description of Duties: **(Use paragraph style)**

Knowledge and Skills Required/Preferred: **(Use paragraph style)**

By checking the following box you assert that you have the designated authority to enter into an employment agreement and agree to the terms set forth in this document.

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Select "Save" or "Save as" then attach and email to

DPMBAA@wi.gov