



SPOKANE
Resource
A HUD EnVision Center
STAFF/WORKSPACE REQUEST FORM

Date:

Requesting Organization:

POC Name:

POC Email:

POC Phone:

1. In the first paragraph, please outline the number of staff requested to work within the center. Please include the program they will support and specify the type of service the staff member(s) would be performing.

2. In the second paragraph please include the logistical needs of the staff member(s), to include IT support and specific needs to accomplish the work outlined in paragraph 1.

3. In the third paragraph add any additional information to support the request (if necessary).

Signature

Please return completed form to Jen Morris-Director, Spokane Resource Center, at
jen.morris@careerpathservices.org