

**2009 SEFA Campaign  
Loaned Associate Information**

**PLEASE FILL OUT ONE SHEET PER LOANED ASSOCIATE**

ML Respondent: \_\_\_\_\_ State Agency: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

SEFA Region Requesting LA: \_\_\_\_\_

**Loaned Associate's**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Time Commitment: \_\_\_\_\_

Union: \_\_\_\_\_

Dates of LA Service

From Date to Date: \_\_\_\_\_

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Full Name of Facility: \_\_\_\_\_

Head of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail Address of Facility Head: \_\_\_\_\_

***Please to Statewide SEFA Director, at 518-463-2534 no later than July 11.***

***Thank you.***