

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY STUDENT

Student ID: W _____ Date of Birth: _____

Last Name: _____ First Name: _____

Contact #: _____ Email: _____

THIS SECTION TO BE COMPLETED BY EMPLOYER

To Whom It May Concern,

_____ is employed in/at
(Last Name, First Name)

_____ *(Name of Company/Employer)*

They have worked/are scheduled to work _____ hours in: January / June / August
(Circle one)

(Employer's Signature)

(Employer's Printed Name)

(Date)

Note: Employment Verification must be hours worked in:

January for spring semester; **June** for summer semester; **August** for fall semester.

For internal CW office verification