

I hereby verify that \_\_\_\_\_ has been offered a position at \_\_\_\_\_ under the following terms:

Academic Training Start Date: \_\_\_\_\_

Academic Training End Date: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Physical Address (no P.O. Box): \_\_\_\_\_

Position Title: \_\_\_\_\_

**Role and Responsibilities of the Position:**

**If compensation is to be provided, please provide the dollar amount and frequency of payment.**

\$ \_\_\_\_\_ per \_\_\_\_\_

Students may work remotely up to 40% of the time (e.g., two days out of five) if the employer has a partial remote policy. If the student is working remotely, please confirm the partial remote policy in the space below:

Name of Supervisor: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_

Signature of Supervisor or Authorized Representative: \_\_\_\_\_

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