

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: _____