



# Verification of Employment

This form must be signed by the student's employer.

If you have more than one position, please submit a form for each employer.

Student's Name

UMN ID

I verify that the above student is currently working  hours per week.

Number

They have been employed as a  since .

Position

Start Date

Their hourly wage is \$ .

This position's anticipated end date (if applicable):

Is this position a graduate assistantship?  Yes  No

You may use this space for any additional comments (not required):

Supervisor Signature

Today's Date

Name (Please Print)

Phone

Email