

CPT Employment Verification Form

Date _____ Student ID# _____

Name _____

Address _____

City, State, Zip _____

___ Full-Time Employment (more than 20 hours per week)

___ Part-Time Employment (less than 20 Hours per week)

Employer
Name _____

Address (Physical Location) _____

City, State, Zip _____

Contact Person _____

Student's Position Title _____

Student's Position
Description _____

Start Date _____ End Date _____ [Max. 364 days]

Student
Signature _____

Employer [Supervisor]
Signature _____

PLEASE ATTACH THE EMPLOYMENT OFFER LETTER OR CERTIFICATION OF CURRENT EMPLOYMENT TO THIS FORM AND SUBMIT TO THE STUDENT SUPPORT NETWORK AT:

https://harrisburgu-advocate.symplcity.com/care_report/