

# Employment Verification Form (Form #7)

## Instructions

This form is to be completed the student's employer and then submitted to the Office of the University Registrar. **Employer should attach a copy of his/her business card to this form.**

Please confirm the following information for the employee listed. This information will be used to extend In-State Tuition and Fee benefits to the employee and/or their dependent.

Student Name: \_\_\_\_\_ USC ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Position/Title: \_\_\_\_\_

Employment Start Date in South Carolina: \_\_\_\_\_

Currently Employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Employment Classification: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employee is Eligible for Full Time Benefits: Yes \_\_\_\_\_ No \_\_\_\_\_

Number of Hours Worked Per Week: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Location/Address: \_\_\_\_\_

## Confirmation and Signature

I confirm, to the best of my knowledge, that all information provided on the above-referenced individual(s) is complete and accurate.

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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