

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: _____

