

EMPLOYMENT VERIFICATION FOR REDUCED STUDY LIST

Please return completed form to: College of Natural Resources, Student Affairs Office, 245 Mulford Hall
Berkeley, CA 94720-3100. Tel: (510) 642-0542 Fax: (510) 643-3132

Name: _____ SID #: _____

Local Address: _____

Local Phone #: _____ Social Security #: _____

E-mail Address: _____ Units *Currently* Enrolled In: _____ Term: _____

Employer license or Tax ID # _____ (mandatory)

Employer: _____ Employer Phone #: _____

Employer's Address: _____

Job Description: _____

Hours/Week¹: _____ Is This Paid Employment?² Yes No

Employment Begins on (mm/dd/yy): _____ Ends on (mm/dd/yy): _____

◇ ◇ ◇ ◇ ◇

Supervisor's Name (Please print): _____

Supervisor's Signature: _____ Date: _____

I certify that the above information is correct.

Student Signature: _____ Date: _____

- This form must be turned in **EACH SEMESTER** you enroll with fewer than 13 units.
- **DEADLINE:** The last day to submit this form is the Friday of the eighth week of instruction.
- You will be able to reduce your study list according to the number of hours per week that you work:

<u>Hours</u>	<u>Units</u>
10	10
20	8
30	6
40	1 course

¹Please be specific. Hours listed as variable will not be approved (e.g. "10-20 hrs/wk"); average if necessary.

²Volunteer work is NOT recognized as justification for a reduced study list.

For Office Use Only		
Processed by: _____	Date verified: _____	Hours reported: _____
CONTENTS WILL NOT BE DIVULGED TO ANYONE OUTSIDE THE DEAN'S OFFICE EXCEPT AS MIGHT BE REQUIRED BY LAW.		