

VERIFICATION OF CONTACT HOURS

Part I – To be completed by student

Name _____ Date _____

Agency _____

Agency Address

Name of Director _____

Name of Immediate Supervisor _____

Division Worked in (e.g. Park, Fitness Center, Intramural Office, Aquatic Facility):

Division Address (if different from above)

Job Description: _____

Check one: Paid _____ Volunteer _____ If paid, rate of pay: _____

Dates of Employment/Service:

Starting Date: _____ Ending Date: _____ Total Hours: _____

Part II – To be completed by Agency

_____ According to our records, the above information is accurate and his/her service with our agency is verified.

_____ According to our records, the above information is not accurate and service with our agency cannot be verified

Signed: _____ Title: _____ Date: _____