

ASU-Newport Career Pathways Initiative Work Verification Form

Student's Verification

Student's Name: _____

Dates Worked: _____ to _____
(“Dates Worked” on this form must match the dates of the Reimbursement Period)

Total Hours: _____ Hourly Wage: _____
(At least one hour per week) (Must be minimum wage or more.)

Type of Business: _____

Employer Signature: _____

All Students Must Complete:

I hereby certify that the statements above are true and accurate to the best of my knowledge.

Student Signature

Date Submitted

Student Current Telephone Number

IN-CLASS OR CLINICAL ATTENDANCE

Students: Enter dates according to fuel calendar.

| Week 1 | | Week 2 | |
|-------------------------|-------|-------------------------|-------|
| Circle One | Dates | Circle One | Dates |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Instructor's signature: | | Instructor's signature: | |

| Week 3 | | Week 4 | |
|-------------------------|-------|-------------------------|-------|
| Circle One | Dates | Circle One | Dates |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Present / Absent | | Present / Absent | |
| Instructor's signature: | | Instructor's signature: | |

*This attendance sheet, along with employment verification and fuel receipts, must be turned in every disbursement period.