

Employment/Non-Employment Verification Form



Employment Separation or Termination Verification

Student Name _____ Student ID # _____

Separated/terminated from employment with _____ on _____
(name of company) (date)

Total earnings for 20____: \$ _____

Employer's Signature _____ Phone# _____

Title _____ Date _____

Employment Verification

Employee Name _____ Student ID # _____

Employer _____

Date of Hire _____ Current rate of pay: \$ _____

Scheduled hours per week: _____ Overtime hours anticipated weekly: _____

Anticipated 20____ total annual earnings: \$ _____

Complete this section only if there has been a drastic reduction in the number of hours this employee worked with your company:

Number of hours previously worked weekly _____ Date the reduction of hours became effective _____

Current scheduled hours per week _____ Do you anticipate an increase in hours for this employee? Yes No

If yes, when? _____ How many more hours? _____

Employer's Signature _____ Phone# _____

Title _____ Date _____

For Office Use Only: CRI Code: **FAC09ENV** Date Entered: _____ Initials: _____ Date Scanned: _____ Initials: _____

TSTC Financial Aid Office | 1902 North Loop 499 | Harlingen, Texas 78550 | Office: 956.364.4330 | Toll-free: 1.800.852.8784 | Fax: 956.364.5119

E-mail: financial.aid@harlingen.tstc.edu | www.harlingen.tstc.edu | FAFSA School Code: 009225

Equal opportunity shall be afforded within the Texas State Technical College System to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age or disability. TSTC will make reasonable accommodations for students with disabilities.