

EMPLOYMENT VERIFICATION FOR REDUCED STUDY LIST

Please return completed form to: Office of Instruction & Student Affairs, 260 Mulford Hall
 Berkeley, CA 94720-3100 • Tel: (510) 642-0542 • Fax: (510) 643-3132

Name: _____ SID #: _____

Local Address: _____

Phone #: _____ Major _____

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): _____

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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 Friday of the fifth 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>
15-19	10
20-29	8
30 or more	6

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

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

FOR CNR 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.