

**SUPPLEMENTARY RESIDENCE INFORMATION SHEET
EMPLOYMENT VERIFICATION**

****Do Not Complete This Form for Assistantship Appointments****

Student/Spouse Name:

SSN:

Current Home Address:

When did this become home address (mm/yyyy)?

EMPLOYMENT INFORMATION

Type of Employment (check one):

Full-time

Part-time

Employer's Name:

Employer's Address:

Is this your current employer?

Yes

No

If not, provide the dates of your employment in Louisiana with the employer listed above.

Start Date:

End Date:

Signature

Date

TO BE COMPLETED BY EMPLOYER

I certify the information provided above is accurate.

was a

full-time or **part-time** employee at

and

worked an average of _____ hours per week.

Employer's Name (Print)

Employer's Name (Signature)

Employer's Job Title

Employer's Phone Number

Mail Completed Form to: