



C.E. Richardson Internship Grant

Employer Verification Form

The employer verification form must be submitted prior to the disbursement of funds for the internship.

Student Intern Name: _____

Student Intern Student ID: _____ Student Intern Email: _____

Intern Position Title: _____

Supervisor Name: _____ Supervisor Title: _____

Supervisor Phone: _____ Supervisor E-mail: _____

Name of Organization: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Total Number of Hours Per Week: _____ Total Number of Weeks: _____

Rate of pay (if applicable): _____/hour or _____/week Total Pay: _____

Please provide a brief position description including responsibilities:

SIGNATURES

By signing this form, the intern and the supervisor agree to the terms of the written description.

Student Intern Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Please upload the completed form to Qualtrics or email to Debbie Fenderson at dfenderson@radford.edu.