



## VTOP Highlander Works Grant Program

### 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](mailto:dfenderson@radford.edu).