

Employer Confirmation Form



Student Details

to be completed by the student

Surname		First Name	
Student ID		Position/Work Title	

I give consent to Edith Cowan University to contact my employer directly using the details provided to verify my employment dates, hours worked and income. I understand that incorrect dates or information may delay assessment or result in my application being unable to be processed.

Employer Declaration

to be completed by the employer

4-week assessment period starting on:			
4-week assessment period ending on:			
Week	Dates	Gross Earnings	Hours Worked
1			
2			
3			
4			

Employer Details

Employer Name	
Position/Title	
Email Address	
Contact Phone	
Signature	
Date	

By signing this form, I confirm that the student named above is employed by our organisation and that the information provided is accurate to the best of my knowledge and can be supported by payroll or HR records if requested.

I understand that this information will be used to assess the student's eligibility for government financial support.