

Employer Confirmation Form

Student Details - to be completed by student

Surname		Given name	
Student ID		Position/Work Title	

Employer Declaration

I confirm that the student named above is employed with our organisation and that their employment included the following period:

Four-week assessment period starting on:

Four-week assessment period ending on:

During this period, the student:

- ☒ Worked an average of **more than 15 hours per week**, and
- ☒ Earned an average **gross (pre-tax) income of no more than \$1,500 per week**

I declare that the above information is **true and correct** to the best of my knowledge and can be supported by official payroll or HR records upon request.

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

Employer Details

Employer Name	
Position/Title	
Email Address	
Contact Phone	
Signature	
Date	