UNIVERSITY OF ROCHESTER

On/Off Employer Certification Form

Please have the employer, worksite supervisor, HR representative, or other authorized representative with knowledge of the position complete this form. The information provided will be used by the University of Rochester to evaluate the student's employment arrangement.

Legal Employer Name

Worksite Organization (if different from legal employer)

Worksite Address

Position Title

Supervisor Name and Title

Expected Hours Per Week

Employment Start Date

Employment End Date

Compensation (if applicable)

1. Describe the specific duties and responsibilities the student will perform.

2. Describe how this position relates to the organization's activities under its affiliation with the University of Rochester.

Employer Name/Title

Signature (type name or sign after printing)

Date