

*Simpson College
Department of Residence Life*

SUMMER EMPLOYMENT CONFIRMATION

I, _____, confirm that _____ will
supervisor's name (print) *student's name (print)*

have summer employment under my supervision for the duration of _____ to _____.
start date *end date*

He/she will be working _____ number of hours per week.

Supervisor's signature

Student's signature

If you have any questions or concerns, please call Residence Life, x1592.

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