



# CyberCorps®: Scholarship for Service

**EMPLOYMENT VERIFICATION FORM:** Complete the top portion of this form and provide to your employer. Request that they complete the form and return it to you or they can email it to [sfs@opm.gov](mailto:sfs@opm.gov).

Last Name, First Name, Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip, Country \_\_\_\_\_

Email Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Signature \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY EMPLOYER** - Dear Employer: The individual listed above is attempting to verify satisfactory employment as required under their agreement with the CyberCorps®: Scholarship For Service (SFS) Program while he/she has been under your supervision. This form will help the above individual meet their program requirements. Please return this form to the individual or email it to [sfs@opm.gov](mailto:sfs@opm.gov) when you have completed it. Thank you.

Agency Name \_\_\_\_\_

Employer Phone \_\_\_\_\_ Email \_\_\_\_\_

Dates of Employment

From (start date- MM/DD/YYYY) \_\_\_\_\_ through (end date – MM/DD/YYYY) \_\_\_\_\_

Position Title \_\_\_\_\_

Employment status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

I hereby verify that the above-named individual was employed at this place of employment for the time duration indicated.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_