



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.

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 when you have completed it. Thank you.

Agency Name _____

Employer Phone _____ Email _____

Dates of Employment

From (start date) _____ through (end date) _____

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 _____