

LETTER OF EMPLOYMENT

To be completed by the employer

Please return this document to the Comanche Nation Higher Education Office via email to highered@comanchenation.com or fax to 580-492-4017. If you have questions regarding this document please contact our office at 580-492-3363.

Employer: _____

Address: _____

City, state & zip code: _____

Employment Verification

Employee: _____

Starting date: _____

Starting wage: _____

Job Title: _____

How often paid (weekly, bi-weekly, monthly, etc.): _____

Date to receive first full paycheck: _____

Full-time or Part-time position: _____

Permanent or Temporary Position: _____

Today's date: _____

I, affirm that the information regarding applicant is accurate and true to the best of my knowledge and belief. I understand that the information on this document is subject to screening in accordance with the Education Assistance Act (Public Law 93-638, 88 §2203).

Employer Representative Name & Title

Contact Phone Number