

Confirmation of Hours Form

To be signed by both the student and the supervisor.

Minimum # of hours required:

HLTH 3055 Consolidation = 75 hours
HLTH 3056 Community = 120 hours
Both = 195 hours

Student:	
Agency:	
Supervisor Name:	
Supervisor Position:	

This confirms that the above-named individual was employed in our agency from _____ (date) to _____ (date) and in that time worked _____ total hours.

Student Signature:		Date:	
Supervisor Signature:		Date:	