

Employer Verification Form

A representative (preferably your supervisor) from the organization with which you will complete your internship must fill out and sign the form below.

Organization Name: _____

Name of Supervisor(s): _____

Title: _____

Email: _____

Phone: _____

I hereby certify that _____ has been selected to complete an unpaid or low stipend internship with this organization.

This work will begin on: _____ and end on: _____

Work will be done (indicate days/week): _____ for (indicate hours/day): _____

I verify that this internship, if unpaid, is compliant with the US Department of Labor criteria set forth under the Fair Labor Standards Act (FSLA.) More information about the FSLA can be found at (<http://www.dol.gov/whd/regs/compliance/whdfs71.htm>).

Does this internship offer a stipend or other form(s) of compensation? _____

If yes, please state the amount and/or type of compensation: _____

Signature of Supervisor: _____

Date: _____