



ACADEMIC TRAINING: EMPLOYER FORM

Students seeking Academic Training authorization must have their employer complete the following form and return it along with remaining application materials. Additional information on Academic Training is available here: <http://iss.unc.edu/student-employment/at/>

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

JOB DETAILS (MUST BE COMPLETED BY EMPLOYER ONLY):

Position/Title: _____ Salary: _____

Employment Start Date (mm/dd/yyyy): _____ Employment End Date (mm/dd/yyyy): _____

Number of Hours per Week: _____

TRAINING LOCATION AND SUPERVISOR:

AT Training Location (Organization Name): _____

AT Training Location (Address): _____

Name of Training Supervisor: _____

Address of Training Supervisor: _____

GOALS AND OBJECTIVES

Please provide a brief description of each goal/objective this training program will provide to the above named student:

• Goal 1: _____

• Goal 2: _____

• Goal 3: _____

EMPLOYER CERTIFICATION

I confirm that the above named student has been offered a position with our organization and that placement in this position is not driven by our labor needs but prioritizes the academic objectives of the student's academic program. I will ensure that non-substantive or unskilled activities will not constitute a substantial portion of the placement and will provide documentation to this effect upon request. I understand that the student may not begin work (paid or unpaid) until the student has been approved for Academic Training and that the student may only engage in activities for my organization during the dates of their Academic Training authorization, as listed on the Form DS-2019 and/or the student's Academic Training Authorization Letter.

I confirm that I will provide the student with a formal job offer letter to facilitate the application process. Once the student has completed their training experience with the organization, I will complete the employer section of the [Academic Training Evaluation Form](#) and provide this document to the student. I understand that this evaluation must be provided to the student within three business days of the student's last day with the organization.

Original Signature: _____ Date: _____

Printed Name: _____ Title: _____