



Finger Lakes Health College of Nursing and Health Sciences

Student Employment Attestation

Student Information

Graduate's Name (please print): _____

Program Completed (RN, LPN): _____

Month/Year of graduation: _____

Employment Information

Employer Name: _____

Job Title: _____ Employment start date: _____

Check this box if you have not chosen to accept employment in your field please provide the information as to why:

This letter serves as attestation of the above job placement for the student listed above, as verified by the student's signature below.

Student Signature

Date

Office Use Only:

Initial and date

_____ Received _____

_____ Entered into system _____

_____ Scanned into folder _____