Employment School Status Form

Personal Information:

Employee Name: _____

School Name (if applicable): _____

Program Enrolled: _____

Status Verification:

☐ **Currently Enrolled in School**

☐ **Completed School Program**

☐ **Taking a Sabbatical**

Academic Schedule (if enrolled):

Start Date: _____

Expected Graduation Date: _____

Days Attending Classes: _____

Consent:

By signing, I confirm the accuracy of the provided details regarding my school status.

Employee Signature: _____

Date: _____

Supervisor/HR Representative Name: _____

Signature: _____

Date: _____