

# REGISTRATION APPEAL

## EMPLOYER VERIFICATION OR JOB LOSS FORM



Appeals are granted for exceptional circumstances and are not guaranteed approval. Students seeking a record adjustment or refund for employment reasons must submit this form to their employer for completion. This form is used to verify a change in work schedule that directly conflicts with the student's class schedule, as required by the employer.

### STUDENT INFORMATION AND RELEASE

*(To be completed by the student.)*

I authorize the release of my employment records to Salt Lake Community College to provide details relevant to my request. I also authorize Salt Lake Community College to share my grades and class schedule information with my employer (named below) as needed to accurately evaluate my request.

Student's Name \_\_\_\_\_

Student's ID Number \_\_\_\_\_

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### EMPLOYER VERIFICATION

*(To be completed by the supervisor or HR department.)*

Company/Institution/Organization Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Have you or has your organization required a work schedule change (or job loss) that now conflicts with this student's class schedule such that a late drop/withdrawal adjustment to their records after established deadlines is appropriate? Yes \_\_\_ No \_\_\_

Effective Date of Change or Job Termination \_\_\_\_\_

Comments

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### EMPLOYER INFORMATION AND SIGNATURE

*(To be completed by the supervisor or HR department.)*

The Salt Lake Community College Registrar's Office may contact you to confirm that the information provided on this form is not fraudulent or altered in any way, or to obtain additional clarification regarding the request.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_