

**STUDENT PLACEMENT CONFIRMATION**  
(To be completed by the employer/supervisor)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Dept. \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Duties: (you can attach a copy of the job description)

Student's work schedule, including total number of hours per week:

Date student is to begin: \_\_\_\_\_ End \_\_\_\_\_

The employer agrees to comply with all applicable laws and regulations to insure student safety including: OSHA regulations, sexual harassment laws, and worker's compensation insurance coverage.

\_\_\_\_\_  
Agency/Business/Department Authorized Signature      Date

\_\_\_\_\_  
Student Signature      Date

Return this completed form to:  
Michael Brown, Career Services  
Yavapai College  
1100 E. Sheldon Street, #6908  
Prescott AZ 86301-3297