

Employer / Location 3	Position / Title	From / To (Duration)			
		Month	Year	Month	Year
Immediate Supervisor					
Name:					
Are you using this Supervisor as a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If not, please explain why:					
Duties and primary responsibilities (below)					
Total hours worked at this position as of January 15:					

You may add additional pages if necessary.