



Minnesota REHS/RS Supervised Employment Verification Form

This form must be completed and signed by a qualified supervisor.

Provide a separate form for each applicable supervisor.

Name of Employing firm or agency:

Address: _____ County _____
Street/PO Box City State Zip

Employee's Name: _____

Start Date: _____ End Date _____ Full-time Part-time
Month/day/year Month/day/year

Number of hours per week: _____ Job title: _____

Was this an internship: Yes No

If yes, was college credit received during your internship: Yes No

Describe duties, responsibilities, activities, and program areas that apply:

Supervisor's Name (please print): _____

Title: _____

Telephone (Contact): _____ Email: _____

Supervisor's qualifications: (please check one)

- Registered Sanitarian (attach a copy of this credential)
- licensed health professional (attach a copy of this credential)
- an engineer (attach a copy of this credential) or
- other qualifying professional with a graduate degree in one of the physical or biological sciences (attach a copy of this credential)

I certify that the information provided on this form is accurate and complete:

Signature _____ Date _____