

Adult Basic Education Department

Building 30, Room 115 (909) 274-4937

Name of Student		
Date of Birth:		
	erification of employment with ence credits at Mt. San Antonio	your company to be considered for the College.
Please provide the following	g information:	
Company Name		
Type of Business		
Name of Supervisor		
Student's Job Title		
Start & End Date of Employ	ment	
Average hours per week Ol	R total # of hours worked during	g this time period
Person completing form:		
Name	Position	Phone Number
Email Address	 Signature	

Please return the letter to the student in a sealed business envelope with your business card.

Thank you in advance for your cooperation.