

KINGSBOROUGH COMMUNITY COLLEGE

DEPARTMENT OF NURSING

EMPLOYMENT STATUS FORM

Student's Name _____ **Date** _____

Directions: This form is to be completed **EVERY SEMESTER** and **SUBMITTED NO LATER THAN NOVEMBER 30 AND MAY 30** to the Nursing Department, M401.

_____ I am NOT employed in a healthcare facility in Brooklyn, New York.

_____ I AM employed in a healthcare facility in Brooklyn, New York.
If you check this statement please complete the following information:

Name of facility: _____

Supervisor: _____

Job Title: _____

Attach a letter from your supervisor (on official letterhead) confirming you title, days and hours of employment.