



Summer Work Certification

This is to certify that I am working full time during the period(s) noted below and will not be taking vacation.

Date(s) Working:

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Start Date: _____ End Date: _____

Printed Name: _____

Signature: _____

Date: _____

Approved by Provost:

Printed Name: _____

Signature: _____

Date: _____

Submit this form along with your Research Foundation appointment form to the Office of Human Resources