

Verification of Reduced Employment Status

Please submit this verification along with the SoPA Tuition Discount form in order to qualify for the SoPA Undergraduate COVID-19-related Economic Relief program.

Employee Name: _____

Employee Position: _____

Employer Name: _____

Employer Address: _____

Name of Individual Completing This Form: _____

I verify that the employment hours and income of _____ (name of employee) have been reduced by 50% to 75% from _____ (date) through the present due to closures and/or reductions in business resulting from the COVID-19 pandemic.

Signature of individual completing this form: _____

Date of signature: _____

Phone number at which individual may be reached for verification: _____

This form will not be considered valid until confirmed by a SoPA staff person.

This form may be submitted to any School of Professional Advancement office or by email to **sopazo@tulane.edu**.

for official use only

by: _____

date: _____