

## Employee Verification Form

This form serves as verification and will determine applicant's eligibility for SCFRS. If confirmation on any of the below matters is required, please contact the People & Culture team via 9214 8600. Alternatively via [peopleassist@swin.edu.au](mailto:peopleassist@swin.edu.au).

Employee ID

Name

Position Title

Commencement date at Swinburne

Employee Type: (Permanent Ongoing/Fixed Term Contract)

Contract End date (if fixed term)

Manager Name

Manager Position Title

Has the staff member completed/submitted YPD?

Does the course align with the staff member's objectives?

Further comments (if any)

I hereby declare that the above information provided is true and correct.

X

X

Employee Signature

Manager Signature