

# KINGSBOROUGH COMMUNITY COLLEGE

## DEPARTMENT OF NURSING

### HEALTHCARE EMPLOYMENT STATUS

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 *Department of Nursing, 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 you supervisor (on official letterhead) confirming your title, days and hours of employment.