



EISENHOWER HEALTH
DOLORES HOPE AUXILIARY

EMPLOYER STATEMENT

DEPARTMENT HEAD:

This will confirm that _____ has been employed
as a _____ in the
_____ Department since
_____. During this period of employment his/her performance has been:

Outstanding Above-Average Satisfactory.

Comments: _____

I recommend that the scholarship applied for be granted within the guidelines of the Auxiliary's scholarship program.

NAME & TITLE: _____

SIGNED: _____

DATE: _____

[PLEASE HAND CARRY TO HUMAN RESOURCES]

HUMAN RESOURCES:

EMPLOYEE ID: _____ **DATE OF HIRE:** _____

NAME & TITLE: _____

SIGNED: _____

HUMAN RESOURCES

DATE: _____

[Please email completed form with your application to
EisenhowerAuxiliary@icloud.com]