

Position Title _____

Position Description _____

Employment Start Date (must be later than date of graduation) ____ / ____ / ____

Paid Employment _____ OR Volunteer Service _____

Full time (35+ hours/week) _____ OR Part time (20 to 34 hours/week)* _____

Supervisor's Name _____

Supervisor's Title _____

Supervisor's Email Address _____

Supervisor's Phone Number _____

To be completed by Agency Supervisor:

The identified agency is a *(please select one)*:

County-Operated Mental Health/Behavioral Health Agency _____

Community-Based Organization Contracted with a
County Mental Health/Behavioral Health Agency _____

Other (Please Describe): _____

The identified position is a master's level position in which the graduate will provide community based mental health services and be supervised by a master's level clinician.

Signature of Supervisor

Date

I certify that the above information is true and correct and I authorize release of my employment information to the California Social Work Education Center.

Signature of Graduate

Date

* If employment or volunteer service will be part time, you will need to maintain and submit a written record of the actual hours worked on a weekly or monthly basis, such as employee paystubs for paid employment or official signed agency volunteer logs for volunteer service.