Date:

**Proof of Employment**

I, the undersigned (Name Surname), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in my capacity of (position at Institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that Dr. (Name Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, applicant for the OWSD 2023 Early Career Fellowship, is employed at (Name of Institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The employment started/ will start on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will end on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I confirm that Dr. (Name Surname) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will receive a sufficient salary for the 3-year duration of the fellowship.

[STAMP & SIGNATURE of the above Institution’s representative]