



____/____/____
Today's Date

To whom it may concern:

The purpose of this letter is to verify that _____(Applicant Name) is an active Juniper Systems employee.

OR

Is an immediate family member of Juniper Systems, Inc. _____ (Employee Name).

____/____/____
Hire Date

Juniper Systems employee **is** **is not** a Legacy Member. Juniper Systems legacy members are active employees with greater than five years of continuous service with the company.

Please complete form and return it to a member of the Juniper Systems, Inc. Human Resource Department. Signed form will be given to applicant to provide to USU to accompany the Juniper Scholarship application.

HR Representative Name

HR Signature

Date