(name of academic center) ………… date/place

**Confirmation of the work commencement**

This is to confirm that Ms. / Mr. …………………………………………………………………………………………, ……………………… (date of birth) has commenced academic activities as a Polish language teacher at the (name of academic center) ………………………………………………………… in the academic year 2024/2025 starting from ………….…….……… (the day of commencement of academic activity).

Official stamp of the Academic center

and signature of the representative