College Verification (part-time)



Office of Educator Certification

Last Name	First Name	Initial		
Social Security Number	1			
Employment Verification				
academic year. This information	ne employment of the above name on is needed to determine whethe To assist us in our evaluation, the	er the experience may be cour	nted	
What were the beginning and ending dates of employment during each academic year? Please show each academic year on a separate line.				
Years of Service From	Years of Service To	Percent of Day Employed	d	
	Add Row			
	Delete Row			
1. Was this person employed either at the faculty status level or as an administrator on a part-time basis during each academic year (not as a graduate assistant, teaching fellow, etc.)?				
2. Was the work assigned during each academic year consistent with the work performed by other similar employees?				
		○ No		
3. Was the salary paid during each academic year equal to that of other Yes similar employees?				
		○ No		
Name of Institution				
itle Signature of Official				
The organization's official stamp must be included on the form if service from outside of the United States is				

College Verification (full-time)



Office of Educator Certification

Last Name	First Name		Initial		
Social Security Number					
Employment Verification					
academic year. This informatio	ne employment of the above nar n is needed to determine whethe To assist us in our evaluation, the	er the experience ma	y be counted		
What were the beginning and a show each academic year on a	ending dates of employment du separate line.	ring each academic y	ear? Please		
Years of Service From	Years of Service To	Percent of Day I	Employed		
	Add Row				
Delete Row					
1. Was this person employed either at the faculty status level or as an administrator on a full-time basis during each academic year (not as a graduate assistant, teaching fellow, etc.)?					
	ng each academic year consisten	t with the Yes			
3. Was the salary paid during each academic year equal to that of other similar employees?					
		○ No			
Name of Institution					
Title	Signature of (Official			
The organization's official stamp must be included on the form if service from outside of the United States is reported.					