College Verification (part-time)

Office of Educator Certification

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Initial</th>
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Social Security Number

**Employment Verification**

We find it necessary to verify the employment of the above named individual during each academic year. This information is needed to determine whether the experience may be counted for salary increment purposes. To assist us in our evaluation, the following information is requested.

What were the beginning and ending dates of employment during each academic year? Please show each academic year on a separate line.

<table>
<thead>
<tr>
<th>Years of Service From</th>
<th>Years of Service To</th>
<th>Percent of Day Employed</th>
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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.)?  
   - Yes
   - No

2. Was the work assigned during each academic year consistent with the work performed by other similar employees?  
   - Yes
   - No

3. Was the salary paid during each academic year equal to that of other similar employees?  
   - Yes
   - 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.
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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.)?  
   - ☐ Yes
   - ☐ No

2. Was the work assigned during each academic year consistent with the work performed by other similar employees?  
   - ☐ Yes
   - ☐ No

3. Was the salary paid during each academic year equal to that of other similar employees?  
   - ☐ Yes
   - ☐ No

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