

Employer Verification Form (Non-Core Academic CTE)

Last Name *First* *MI*

Last four digits of Social Security Number

Signature

Instructions:

Verification of employment can be documented on this form. Use a separate line for each year of employment. Use a separate form for each employer. **Signature below and a verification letter on institution letterhead must accompany completed form when returned.**

Full Time (✓)	Part Time (✓)	# Hours/Week or # Days/Year	Position Held	Start Date	End Date	Name & Address of Organization

Description of Duties:

I have reviewed the experience represented herein and approve it for credit for the Non-Core Academic CTE position. **Verification letter on institution letterhead attached.**

Date

Authorized Signature