

# PAID WORK EXPERIENCE VERIFICATION FORM

## Occupational, Teaching and/or Self Employment Experience



**Minnesota**  
STATE COLLEGES  
& UNIVERSITIES

<b>Print Name:</b>			
Last	First	M.I.	
<b>Address:</b>			
Street	City	State	Zip Code
<b>Phone:</b>			
(    )	(    )	(    )	
Home	Work	Other	

**Attention Faculty Member:**

Please review this form for completion of all required information and signatures prior to submitting the form to your COLLEGE HUMAN RESOURCES OFFICE. *NOTE: Submission of false information constitutes fraud and such action is grounds for disciplinary action up to and including termination of employment.*

### TO BE COMPLETED BY THE FACULTY MEMBER

**AUTHORIZATION TO PROVIDE INFORMATION REGARDING PAID OCCUPATIONAL EXPERIENCE:**

To support my offer of employment for a college faculty position with the Minnesota State Colleges and Universities, \_\_\_\_\_ College, in the assignment area(s) of \_\_\_\_\_; I authorize my current/former employer to provide the information requested below.

Signature of faculty member: \_\_\_\_\_ Date: \_\_\_\_\_

### VERIFICATION OF PAID WORK EXPERIENCE BY THE EMPLOYER or AUTHORIZED AGENT FOR SELF EMPLOYMENT

PLEASE SEE INSTRUCTIONS ON PAGE TWO(2) OF THIS FORM

The above named individual was employed in the paid position titled: \_\_\_\_\_

**OCCUPATIONAL EXPERIENCE OR SELF EMPLOYMENT:**

- Full-time (40 hours/week) from the dates: \_\_\_\_\_ to \_\_\_\_\_ Total years and months: \_\_\_\_\_
- Part-time (\_\_\_\_ hours/week) from the dates: \_\_\_\_\_ to \_\_\_\_\_ Total years and months: \_\_\_\_\_

GRAND TOTAL OF FULL-TIME EQUIVALENT: \_\_\_\_\_ YEARS AND \_\_\_\_\_ MONTHS.

**TEACHING EXPERIENCE:**

- Full-time teaching from the dates: \_\_\_\_\_ to \_\_\_\_\_ Total full-time FTE: \_\_\_\_\_
- Part-time teaching (\_\_\_\_ avg. credits/term) from the dates: \_\_\_\_\_ to \_\_\_\_\_ Total part-time FTE: \_\_\_\_\_

GRAND TOTAL OF FULL-TIME EQUIVALENT: \_\_\_\_\_ F.T.E.

List the employee's major job responsibilities (attach position description or other information as necessary) Percentage of time


**THIS PAID WORK EXPERIENCE IS VERIFIED BY:**

Print Name of the Employer Designee	Job Title of Employer Designee	Signature of Employer Designee	Date
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List the Business Relationship to this Individual	_____(_____)_____ Employer Designee Phone Number
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Name of Employer	Street Address	City	State	Zip Code
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## INSTRUCTIONS TO THE EMPLOYER

One of the requirements for qualifying for employment as a college faculty member with the Minnesota State Colleges and Universities is verification of paid work experience. This includes teaching, occupational and self-employment work experience. Without employer verified information the prospective faculty member requesting this may be deemed ineligible for initial employment or continuation of employment. Your attention to this information is important and the Minnesota State Colleges and Universities system thanks you in advance for efforts to provide this information.

1. Please type or print clearly using BLACK ink. Records may be alternatively stored and colors do not clearly reproduce.
2. If the prospective faculty member has been/was employed in the various positions for your organization, the information provided should be limited to and reflective of the position indicated on the form as the "Employee's Paid Position." If the prospective faculty member held more than one position relevant to the credential field(s) requested, please provide relevant information (position name, length of service, major activities, and percentage of time, etc.) for each position held.
3. The paid work experience must be **verified by the employer, the employer's designee [such as human resources manager], or the immediate supervisor**. The verifying individual must be in a position to have first-hand knowledge of the requesting information or access to such information.
4. This form is to be used only to verify employment that has resulted in the issuance of a W-2 statement. When paid work experience has been obtained through employment that has not resulted in the issuance of a W-2 statement, the prospective faculty member will be considered a self-employed independent contractor and must provide verification from a professional who regularly evaluates financial business documents for the business. Verification must be provided by a non-family member.
5. If you need assistance, please call the Minnesota State Colleges and Universities, Office of the Chancellor, Human Resources Division at (651)297-3379, or e-mail your inquiry to [Brian.Ecker@so.mnscu.edu](mailto:Brian.Ecker@so.mnscu.edu) .