

TITLE IV-E GRADUATE EMPLOYMENT VERIFICATION FORM
San José State University, School of Social Work
www.sjsu.edu/title4e/employment

Section A: Title IV-E Stipend Recipient Information

(To be completed by graduate upon employment and every six months thereafter)

Name:	Year Graduated:
Street Address:	Work Phone:
City, State, Zip:	Home Phone:
Student Signature:	E-Mail:

Section B: Consent for Release of Information

(To be completed by Title IV-E Graduate)

I, _____, give permission for release of information, during my entire contractual period, regarding my employment, current status, title and length of employment with any public California Child Welfare Agency, to the Title IV-E Child Welfare Program at San Jose State University.

Signature

Date

Section C: Certification of Employment

(To be completed by employer)

County:	Department:
Employee's Current Job Title (attach job description):	
Date hired in current position:	
Still employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of separation:
Has employment been continuous? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, dates of interruption of service:	
<input type="checkbox"/> I certify that the above named is employed ____hrs/wk or ____hrs/pay period in an MSW Child Welfare position	
Signature of Certifying Official	Date
Title of Certifying Official	Phone Number

Section D: Title IV-E Program Certification

(To be completed by Title IV-E Program Staff only)

A _____ Employment Verification Form has been received. Time of service certified: _____

Signature of Title IV-E Program Staff

(408) 924-5834

Phone

Date

** Please note we consider Maternity Leave as an interruption of service.*