SAN JOSÉ STATE UNIVERSITY

TITLE IV-E GRADUATE EMPLOYMENT VERIFICATION FORM
San José State University, School of Social Work

www.sjsu.edu/title4e/employment

NON-PROFIT IV-E
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 non-profit agency serving IV-E clients, 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)

Agency Name:
Employee's Current Job Title (attach job description):
Date hired in current position:
Still employed? □ Yes □ No If no, date of separation:
Has employment been continuous? □ Yes □ No If not, dates of interruption of service:
□ I certify that the above named is employed ___hrs/wk or ___hrs/pay period in an **MSW Serving IV-E Clients-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: _____

_____**(408)_924-5834**_____

Signature of Title IV-E Program Staff Phone Date

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