



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

**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:	Day Phone:
City, State, Zip:	E-Mail:
Student Signature:	

**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	<i>* Please note we consider Maternity</i>
If not, dates of interruption of service:	<i>Leave as an interruption of service.</i>
<input type="checkbox"/> I certify that the above named is employed ___hrs/wk or ___hrs/pay period in an <b>MSW Child Welfare position</b>	
_____ 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 \_\_\_\_\_  
Date