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: Certification of Employment

(To be completed by employer)

County: Department:
Employee's Current Job Title: *(Please attach job description if this is the first time submitting form)*
Date hired in current position:
If no longer employed, date of separation:
***Has employment been continuous? ❑ Yes ❑ No If not, dates of interruption of service: to
❑ I certify that the above named is employed **full-time** in an **MSW Child Welfare position**. _____ Signature of Certifying Official Date _____ Title of Certifying Official Phone Number

Section C: 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.*