



**CSU STANISLAUS
TITLE IV-E PROGRAM
EMPLOYMENT VERIFICATION FORM**



PART A: Consent for Release of Information [To be completed by Title IV-E graduate]

I (print name), _____, give permission for release of information regarding my employment from the time I completed requirements for the MSW in _____(mm/yyyy), through the end of my contractual period regarding employment confirmation, current status and agency position, and length of employment to CalSWEC and the Title IV-E Program at California State University, Stanislaus.

CONTACT INFORMATION:		
Address: (Street)	City, State:	Zip:
Primary Phone:	Work Phone:	Citizenship status:
Personal Email:	Work Email:	Position Title:

Signature of Graduate

Date

PART B: Employment Verification [To be completed by Agency Official]

County/Agency Name:	Position Title:	Date of Hire:
I certify that the employment basis for the employee above per pay period* (check one): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <i>*If no longer employed please indicate the employment basis per pay period for when employee was employed.</i>		
If no longer employed please fill in the date of separation/end date:		
Name of Agency Official:	Title of Agency Official:	Email or Phone:

Signature of Agency Official

Date

Title IVE-E Graduates:

Submit/upload this **EVF form** along with a current PDF job description to the personalized link received from CalSWEC. Note, the job description must include, position title, agency name, department name and key responsibilities.

Technical issues related to EVF link can be emailed to CalSWEC at iv-e_csis@berkeley.edu.

School Contact Information:

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