



North Carolina Child Welfare Education Collaborative Employment Verification Form

A county job description must accompany this verification form. It is essential that this form be received by your University Collaborative no later than 30 days after your start date.

Part A: To Be Completed by Employee/Recipient

As a recipient of educational funding from the North Carolina Child Welfare Education Collaborative (NCCWEC) that is to be repaid by my employment in a public child welfare setting in a North Carolina Department of Social Services, I hereby notify NCCWEC that I have secured the following employment:

Employee/Recipient's Full Name _____

Employing Agency: _____

Employing Unit: _____

Agency Address: _____

Agency Telephone Number: _____

Position Title (e.g.: CPS –Investigator): _____

Briefly describe your major job functions for this position:

Position Classification: (SW II, III, AT or other) _____

Beginning Date of Employment after Graduation: _____

This Form must be received by your University Collaborative no later than 30 days after your start date.

Beginning Salary: _____

Name of Supervisor: _____ Email _____ Phone # _____

I hereby authorize the above-named agency to release information about my employment status, including reasons for discontinuation or termination from employment, if applicable, to representatives of NCCWEC to enable them to determine whether I have fulfilled the employment commitment required by my educational funding agreement with NCCWEC. This authorization shall remain in effect until I have completed my payback obligations for NCCWEC. A photocopy of this authorization shall have the same force and effect as the original.

Signature of Employee/Recipient

Date

Current Home Address: _____

Current Home Phone: _____ Email: _____

Part B: To Be Completed By Agency or County Human Resources Representative

A county job description should accompany this verification form.

The above named individual is a Child Welfare Scholar and is required to work in a professional social work position in child welfare services as outlined in the Services Information System Manual. **Please complete the information below to ensure that proper credit is given for employment.**

___ I hereby certify that the above information (as corrected, if applicable) accurately reflects the status of employment of the above named individual in a public child welfare position as defined in the North Caroline Services Information System Manual.

___ I attest that the above named Collaborative Scholar is employed directly by this county Department of Social Services.

___ The above-named individual is still employed as set out above.

___ As of this date, _____, the above-named individual is no longer employed as set out above

Signature of Authorized Agency or County Personnel Official

Date

Printed Name and Title of Authorized Agency or County Personnel Official

Phone: _____ Email: _____

Please print and return this document to: NC Collaborative Coordinator at your University

If you have questions or need additional information, please contact the state office for the NC Child Welfare Education Collaborative at nccwec@email.unc.edu or 919-962-6450.

Revised 11/13/08