Employment Verification

As a participant in the Department of Labor TAACCCT Grant at Moraine Valley Community College, I agree to provide access to my employment and salary information. I understand that this information will be used solely for the purpose of meeting grant objectives and to assist the college in assessing the effectiveness of my educational program. Thus, I authorize my employer to release the information requested on this form to Moraine Valley Community College. This release will expire September 30, 2015 or upon the completion of the grant, whichever occurs first.

_____
Print Name

_____   _____
Signature   Date

To Be Completed by the Employer:

Company: _____

Location: _____ _____
City   State

Position Title: _____ Date of Hire: _____

Pay Rate: $_____ per _____   Hours per Week (average): _____
(hour, year, etc.)

_____   _____
Prepared by (Please Print)   Title

_____   _____
Signature   Date

This form can be returned via:

Fax: 708-608-4506
Email: dolstudentsuccess@morainevalley.edu
Mail: Attn: Angela O'Donnell
          DOL TAACCCT Grant; T100
          Science, Business, & Computer Technology
          Moraine Valley Community College
          9000 W. College Pkwy.
          Palos Hills, IL 60465-2478

9/13 Rev.2

Moraine Valley Community College
Changing Lives for a Changing World
9000 W. College Parkway, Palos Hills, IL 60465-2478