



## **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 Em	ployer:
Company:			
Location:		City	State
Position Title:		Date of Hire:	
Pay Rate:	\$	per Hour (hour, year, etc.)	rs per Week (average):
		Prepared by (Please Print)	Title
This form can be returned via:		Signature	Date

Fax: 708-608-4506

Email: dolstudentsuccess@morainevalley.edu

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

## Student Success Team

(708) 608-4241 or DOLStudentSuccess@MoraineValley.edu

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