



# 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: \_\_\_\_\_

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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](mailto:nccwec@email.unc.edu) or 919-962-6450.*

*Revised 11/13/08*