CAREER & TECHNICAL EDUCATION (CTE) OCCUPATIONAL EXPERIENCE – EMPLOYMENT VERIFICATION FORM

Verification for the Utah State Board of Education

Section 1: General Information and Instructions

This form is used to verify occupational experience needed to qualify for a Career and Technical Education (CTE) occupational experience endorsement.

INSTRUCTIONS FOR THE ENDORSEMENT APPLICANT

- ***Step 1:*** Review the requirements for the CTE Occupational Experience Endorsement to determine if you qualify.
    - Note: Utah Educator Licensing will not accept verifications that are submitted by the applicant.
- ***Step 2:*** Complete Section 2: Applicant Request below and forward this form to a **Human Resources (HR) Administrator**.
    - Note: You may need to submit multiple verification forms if you listed multiple employers on your application.

INSTRUCTIONS FOR THE HR ADMINISTRATOR

- ***Step 1:*** Complete Section 3: Employment Verification.
- ***Step 2:*** Save the completed verification as a PDF and forward the form **directly** to licensing@schools.utah.gov. If possible**, please email the form from your business email address.**
    - **Note: Utah Educator Licensing will not accept verifications that are submitted by the applicant**.

Section 2: Applicant Request for Employment Verification

First Name:	Last Name:	Date of Birth (MM/DD/YYYY):

I hereby request verification of my employment with your organization. I authorize you to provide information on my position/title, job description, dates of employment, and hours of employment. I request that this information be sent directly from the business email to licensing@schools.utah.gov.

Applicant Signature: _____ Date: _____

Section 3: Work Experience Verification

IMPORTANT NOTE: ALL PARTS OF THIS SECTION MUST BE COMPLETED BY HR ADMINISTRATOR.

Employee/Applicant Information

First Name:	Last Name:	Date of Birth (MM/DD/YYYY):

Business Information

Name of Business or Organization:	Location (City and State):

Employee/Applicant's Position Information

Job Title:

Employment Dates

Start Date (MM/YYYY):	End Date: (MM/YYYY):	Employment Status:	Average hours worked per week in this position:
		☐ Full-Time ☐ Part-Time	

Job Duties

Description of Job Duties for this position:

Verifier Information

Name of Verifier:	Title:
Contact Phone Number:	**Email:**

I certify the above information to be true and correct.

Signature: _____ Date: _____

Please email the completed form directly to Utah Educator Licensing at licensing@schools.utah.gov from your work email address.