

Verification of Higher Education Full-Time Experience

(NB: this form is used to assist in determining 403(b) eligibility by meeting the 12-month previous higher ed experience criteria.)

Name: _____ SS#: _____ - _____ - _____

Address: _____

- I do not have prior full-time experience in Higher-Education.
- I do have prior full-time experience in Higher Education. (Attach verification documents or complete details below.)

(Signature)

(Date)

Authorization to Verify Higher Education Full-Time Experience

I hereby authorize you to release to the Franklin Pierce University’s Human Resource Department documentation to verify my past employment. It is understood that a photocopy/facsimile of this document shall also serve as an authorization to provide the information requested.

Name of Institution: _____

Signature

_____/_____/_____
Date

Verifying Institution To Complete:

I hereby verify that the above named person **did** or **did not** have prior full-time employment with this institution for a minimum of 12 consecutive months

Institution: _____ Location: _____

Confirmed By: _____ Position: _____

Signature: _____ Date: _____

Complete and return to: Human Resources Department., Franklin Pierce University, 40 University Drive, Rindge, NH 03461
Fax (603) 899-4326 or email to hrdept@franklinpierce.edu

Franklin Pierce University - HR Use Only

Received on: ____/____/____

by: - _____
(Name) (Title)