



Employee - Verification of Full-Time Experience in Higher Education –

_____	_____	_____	
First Name	Last Name	SS#	
_____	_____	_____	_____
Street	City	State	Zip

- ☐ I do not have prior full-time experience in Higher-Education.
- ☐ I do have prior full-time experience in Higher Education. I have attached official documentation from my previous employer verifying that I have completed at least one year (12 consecutive months) of full-time employment.

I have not attached official documentation at this time. I understand that I am responsible for providing Franklin Pierce University official documentation verifying that I have completed at least one year (12 consecutive months) of full-time employment in an institute of Higher Education.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



## Institution - Verification of Full-Time Experience in Higher Education

_____	_____	_____	
First Name	Last Name	SS#	
_____	_____	_____	_____
Street	City	State	Zip

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 (please print)	Signature	Date

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### **To Be Completed By Verifying Institution**

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 ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) to ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ).

**Institution:** \_\_\_\_\_  
(College/University) (Location)

**Confirmed by:** \_\_\_\_\_  
(Name) Position)

\_\_\_\_\_  
(Signature) (Date)

Please complete the above information and return to: Human Resource Dept., Franklin Pierce University, 40 University Drive, Rindge NH 03461 or via fax to 603-899-4326.

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#### **Franklin Pierce University - HR Use Only**

Received on: \_\_\_\_/\_\_\_\_/\_\_\_\_ by: - \_\_\_\_\_  
(Name) (Title)