

Proof of Employment-Office of Field Services-Millersville University

This form cannot be used for Professional Bloc classes or Student Teaching without approval from Field Services and your education department.

Are you a post-baccalaureate (post-bac) or M.Ed. candidate or student? **Yes or No**

Are you currently employed at a school district, private/charter school, or child care center? **Yes or No**

Are you a teacher or a para educator? **Yes or No**

Are you able to complete all of your field work at your place of employment? (Field work includes any assignments that involve working with minors.) **Yes or No**

If you answered "no" to any of these questions, you will not be able to use this form. You will need to contact Field Services for further instructions on how to obtain the three needed clearances and TB test.

Field Services can be reached at 717-871-5752 or field.services@millersville.edu.

To be completed by the Millersville University student.

I verify that I will be completing any and all field work for _____
(Class or classes)

at _____ for the _____ semester.
(Place of Employment) (Semester & Year)

I understand that it is my responsibility to inform Field Services immediately if I am no longer able to complete any field work at my place of employment. In the event I cannot complete my field work at my place of employment, I understand that I will need to obtain three clearances and a TB test to continue in the class. I also understand that a new form may need to be submitted before the start of any semester I have field work.

Signature of student: _____ Date: _____

M#: _____

You will need to provide a copy of any clearances your place of employment has on file. The clearances do not to be dated within the past year.

To be completed by a HR representative or administrator.

I verify that _____ is currently employed as a _____
(MU student) (position)

at _____ and that he/she has the following clearances (please circle
(Name of Employer)

all that apply) on file which meet our requirements for clearances. If not required by your school or child care center, please put N/A beside it.

- 1. Act 34-PA Criminal Background Check
- 2. Act 151-Child Abuse History Clearance
- 3. Act 114-FBI Fingerprinting
- 4. TB test

Signature: _____

Printed Name: _____

Position: _____

Date: _____