

Proof of Employment Form -Dept of Field Services, Millersville University

This form is required when a Post-Baccalaureate (post-bac) or M.Ed. student is eligible to complete their field placement experience in their place of employment . This form cannot be used for Undergraduate courses (including Professional Block or Student Teaching) without prior approval from both Field Services and the educational program department.

Please answer the following – you must answer 'YES' to all to proceed with this form:

Circle One:

- | | | |
|--|-----|----|
| • Are you a Teacher of Record, Para-Educator, School Psych or Nursing student? | Yes | No |
| • Are you a post-bac or M.Ed. candidate or student? | Yes | No |
| • Are you currently employed at a school district, private/charter school or childcare center? | Yes | No |
| • Are you able to complete all of the field work for this course where you work?
(This includes working with minors.) | Yes | No |

If you answered 'No' to any of these questions, you are not eligible to use this form.

Please visit the Field Services website for instructions on how to obtain and submit the required Clearances and TB test.

<https://www.millersville.edu/fieldservices/clearances.php>

Section to be Completed by Millersville University Student:

Semester & Year:*

Class/Classes:

***NOTE: Valid for one semester only for the course(s) specified above. A new form must be submitted for each semester.**

I am employed at:

Grade/Subject:

By signing this form, I agree to the following:

- I agree to submit copies of any clearance my place of employment has on file. Clearances do not need to be dated within the past year.
- Any and all field work for the course(s) listed above will be completed at my place of employment.
- If I am no longer able to complete the field work at my place of employment, I will notify Field Services immediately **AND** I understand that I will need to obtain the required clearances and TB test to continue in the course(s).
- I understand that a new form must be submitted for each semester in which I have field work.

Signature of MU Student

M#

Date

Section to be Completed by Employer HR Representative or Administrator:

I verify that the following is true:

MU Student: _____ is currently employed at: _____

MU Student's Position: _____

The following clearances are on file in our offices which meet our requirements for clearances. (Check all that apply. If not required by your school or childcare center, please put N/A beside it.)

Act 34 - PA Criminal Background Check

Act 151 - Child Abuse History Clearance

Act 114 – FBI Fingerprinting

TB Test

Signature:

Date:

Printed Name:

School District/School/Center

Position:

Address:

Email Address:

Phone: