



Minnesota State University Moorhead

Confirmation of Child Welfare Employment

Upon acquisition of approved employment (see 4a-4e on Memorandum of Agreement), complete this form and submit to:

Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota
205 Peters Hall, 1404 Gortner Avenue, St. Paul, MN 55108

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____

Email: _____

I verify that I am employed in the field of child welfare at:

Complete name of agency: _____

Address: _____

City, State, & Zip: _____

Name of **unit** within agency: _____

Brief description of position: _____

Job title: _____

Agency/County: _____

Start date of employment: _____

Immediate supervisor: _____

How did you hear of this job?: _____

Is this the same county/agency in which you were employed when you were first awarded an IV-E Scholarship?

YES

NO

Is this job at a higher level (promotion/position advancement) from the one held when you were first awarded an IV-E Scholarship?

YES

NO

In the event of any change in job status, address, or phone number, I agree to notify the Center for Advanced Studies in Child Welfare (612-624-4231) and submit a revised Confirmation form.

(Printed Name)

(Signature of Child Welfare Graduate)

(Date)