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**Employment Verification Form**

This Employment Verification Form should be completed and mailed to Nurses for Wisconsin Program at College of Nursing and Health Sciences, University of Wisconsin-Eau Claire, 105 Garfield Avenue, Eau Claire, WI 54702-4004 semi-annually and is to be submitted within 30 days after both December 31st and June 30th of every year employed in part because of the Nurses for Wisconsin Program.

I, (Print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am signing this Employment Verification Form below to testify that I taught \_\_\_ credits at The University of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and sufficiently completed all duties as assigned within my employment contract between the dates of \_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_ (Only enter the time frame for the semester(s) taught during the most recent semi-annual reporting period.)

By signing below, you acknowledge that you have attached all necessary backup documentation and agree to the terms and conditions set within the Proof of Payment Form.

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Participant Signature Date

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Assigned Manager’s Signature Date

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Institutional Financial Representative Date