EVF
04/23

# EMPLOYMENT VERIFICATION FORM

This form is being sent to you by the Michigan Department of Treasury in an attempt to keep Student Loan Programs (SLP) records accurate. Please complete and return this verification **within 5 business days** to the address below; or you may return via fax to: **517-335-6699;** or email to: MiFellowship@Michigan.gov.

| | | |
|---|---|---|
| **Name**: | | |
| **Demographics:** | MiSSG: DOB: | |
| Current Address: | | |
| Current Telephone Number: | | |
| School Name: | | |
| School Address: | | |
| School Phone: | | |
| Dates of Teaching/ Employment: | From: To: | |
| Mark the Percent of School Year You Taught: | 0% ◉ 25% ○ 50% ○ 75% ○ 100% ○ | |
| Position Held: | | |
| Have You Used Any FMLA Leave Over the Past Year? | Yes: ○ No: ◉ | From: To: |

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