



EMPIRE STATE UNIVERSITY

Empire State University New York State Education Department Non-
Public School Teachers Professional Development Title II Part A Program
Employment Verification
(Completed by Employer)

School/Umbrella Organization Name: _____

Address: _____

Phone Number: _____

I verify that (employee name) _____ is currently employed at
(school/umbrella organization name) _____ as a (circle one):
teacher / administrator with significant teaching responsibility.

I further verify that (School Name/umbrella organization) _____ is a
non-public school, or umbrella organization legally operating a non-public school, incorporated in,
operating in, and recognized by New York State.

Authorized Employer Representative Signature: _____ Date _____

Authorized Employer Representative Name & Title:

Authorized Employer Representative Email Address:

Please submit completed form to TitleIIa@sunyempire.edu