

BLUE LAKE RANCHERIA TRIBAL EDUCATION AGENCY

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TribalEd@bluelakerancheria-nsn.gov



Employment Verification Form

I, _____, do hereby authorize the Blue Lake Rancheria Tribal Education Agency to contact my employer, _____, to verify my employment information listed below.

My employer may be reached at _____.

INFORMATION TO BE VERIFIED:

Employee Name: _____

Employee Job Title/Classification: _____

Dates Employed: _____

Social Security #: _____

I understand that my eligibility for the US Department of Education Professional Development grant program, "Grow Your Own Administrator", managed by the Blue Lake Rancheria Tribal Education Agency, is predicated upon the verification of my employment status, and that the provided information will be entered into the US Department of Education's Personnel Development Program Data Collection System (PDPDCS) using my social security number as my identifier for US Department of Education's electronic Service Payback Agreement.

Signature

Date

This provided information is for the sole use of the Blue Lake Rancheria Tribal Education Agency and their contracted grant implementation partners in compliance with Federal regulations for the implementation of the US Department of Education Professional Development program found at 34 CFR Part 263. This information will remain confidential business information protected by the Electronic Communications Privacy Act (ECPA), and/or other legal bases as may apply. This information will not be disseminated to any party not listed on this form.

Administrative Use Only			
Date Completed Form Received		Date Verified	
Person Verifying Employment		Completed by	
Date Information Entered in PDPDCS			