

VERIFICATION OF SELF EMPLOYMENT

The Wisconsin Technical College System (WTCS) Board requires that all educational personnel be certified on the basis of their education and occupational experience. Self-employment is acceptable when verified by an attorney, accountant, banker, customer, client, or other non-family member who has knowledge of the work performed. This information also applies to those who are renewing standard five year certificates from the WTCS.

AUTHORIZATION: To be completed by **Applicant/Employee**.

Print Name: _____ Social Security Number: _____

Business Name	Business Address	Type of Business

EMPLOYMENT RECORD: To be completed by **Applicant/Employee** and returned to address shown.

I certify that I was/am self-employed during this time frame:	
From: (MM/DD/YYYY) _____	To: (MM/DD/YYYY) _____
Full-Time hours worked to date: For _____ hours per week for _____ weeks. Total number of Full-Time hours employed to date: _____	Part-Time hours worked to date: For _____ hours per week for _____ weeks. Total number of Part-Time hours employed to date: _____
Job Title/Classification: _____	
List Primary Job Duties: (Attach position description if available)	Percentage of Time:
_____	_____
_____	_____
_____	_____

VERIFICATION: Applicant/Employee obtains verification from lawyer, accountant, banker, customer, client or other non-family member who has knowledge of the work performed.

Company Name: _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Signature: _____
 Title: _____
 Date: _____

Return Completed Form to:

Western Technical College
 Attn: Certification A-115
 400 Seventh St. N., P.O. Box 908
 La Crosse, WI 54602-0908
 Fax#: 608-789-6255

Contact Information:
 Betsy Konter or Jackie Kettner
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