



Wisconsin Department of Public Instruction
**MASTER EDUCATOR ASSESSMENT
 PROCESS (WMEAP)**

EMPLOYMENT VERIFICATION

PI-1613-WMEAP (Rev. 02-26)

Forms are available on [Department of Public Instruction Website](#).

Application directions for [WMEAP](#).

**INSTRUCTIONS TO PRESENT OR
 FORMER EMPLOYER:**

Complete this form and return at your earliest opportunity to the Wisconsin Master Educator Assessment Process Applicant listed in the I. Only verify employment history at your school or district. Applicant Information section. The applicant **must** submit this verification with her or his application.

Collection of this information is a requirement of [PI 34.042\(2\)](#).

I. APPLICANT INFORMATION

Applicant completes this section and forwards to administrator

Legal Name <i>Last, First, Initial</i>		Employment Dates From MM/Yr. To MM/Yr.	
Entity Number	Date of Birth <i>Mo./Day/Yr.</i>	Current Position Held	
Name of Employing School/District/CESA/Private School/Charter School			

II. VERIFICATION BY EMPLOYER

EMPLOYER: Check your records to verify that the above applicant has been successfully employed in your district in one of the following official capacities. Only verify employment in your agency. Check the specific field based on the applicant's contract(s), list dates (month/year to month/year) and FTE (full-time equivalency).

Administration	Teaching	Pupil Services
<input type="checkbox"/> Director of Instruction From To FTE	<input type="checkbox"/> Speech and Language Pathology From To FTE	<input type="checkbox"/> School Nurse From To FTE
<input type="checkbox"/> Director of Special Educ. & Pupil Services From To FTE	<input type="checkbox"/> Computer Science From To FTE	<input type="checkbox"/> School Psychologist From To FTE
<input type="checkbox"/> Career and Technology Education Coordinator From To FTE	<input type="checkbox"/> Dance From To FTE	<input type="checkbox"/> School Social Worker From To FTE

<input type="checkbox"/> Gifted and Talented Program Coordinator From To FTE	<input type="checkbox"/> Theatre From To FTE	
<input type="checkbox"/> Principal From To FTE		
<input type="checkbox"/> Reading Specialist From To FTE		
<input type="checkbox"/> School Business Administrator From To FTE		
<input type="checkbox"/> School District Administrator From To FTE		

III. SIGNATURE

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the above-mentioned educational employment was successful.

Name of Employer	Name of School, District, or CESA	Employer Phone Area/No.
Signature of Employer ➤	Title	Date Signed Mo./Day/Yr.