



Proof of Employment Form for Certification Director of Fiscal Services (DFS) and DFS^E

This is a required form for all DFS and DFS^E Certification applicants. The purpose of this form is to verify the employment/experience of an individual applying for CASBO certification. Please print, complete and sign this form; then scan and upload during the application process.

Applicant's **Last Name** **First Name**

Applicant's **Current Employer**

Applicant's **Official Title**

Yes **No**

Applicant's **Start Date in Current Role** (DD/MM/YY)

Applicant has held this position
continuously from start date?

Applicant qualifies for the following:

- Director of Fiscal Services Certification** (any experience in an education-related position at a qualifying LEA)
- Director of Fiscal Services^E Certification** (at least three years of experience as a Director of Fiscal Services)

By signing below, I certify that the applicant satisfies the experiential requirement for the above-selected certification and that the information contained on this form is true and accurate.

Signee/Superintendent's **Name**

Signature **Date**