University of Windsor
Faculty of Nursing

Verification of Employment Hours for New Sessional Instructor Application

Instructions: This form is to be completed by the applicant and employer, and then submitted to the Faculty of Nursing, University of Windsor, attention Secretary to the Dean. Photocopies of this form may be made to distribute to multiple employers as needed to provide evidence of **minimum 5,460 hours** work experience as a registered nurse.

Section 1: TO BE COMPLETED BY THE APPLICANT AND SENT TO THE EMPLOYER.

Please print

Surname: _____ Given Name(s): _____ Maiden name: (if applicable) _____

Dates of Employment:
From (yyyy/mm/dd): _____ To (yyyy/mm/dd): _____

I, *(print name)* _____, am applying to be a sessional instructor in the Faculty of Nursing, University of Windsor. In order to process my application, the University is requesting your institution to provide information with respect to my employment status. I hereby give my previous and/or present employer(s) consent to provide any and all information in its possession to the University regarding my type and length of employment.

Applicant Signature: _____ Date: _____
yyyy/mm/dd

ATTENTION APPLICANT: DO NOT COMPLETE SECTION 2

Section 2: TO BE COMPETED BY THE EMPLOYER AND RETURNED TO THE APPLICANT IN A SEALED ENVELOPE. Please sign the sealed envelope to ensure confidentiality. Information obtained may be shared with the applicant separately if desired.

Please print

Name of Employee: _____ Total Hours Worked: _____

Dates of Employment:
From (yyyy/mm/dd): _____ To (yyyy/mm/dd): _____

Employer Name: _____

Address: _____

City: _____ Prov/State: _____ Country: _____ Postal/Zip code: _____

Please check the following type of employment setting(s) where this employee has worked at your facility (if information available) – may select more than one:

❑ Obstetrics	❑ Medical	❑ Critical Care/Intensive care unit	❑ Rehabilitation
❑ Surgical	❑ Emergency room	❑ Complex continuing care	❑ Home for the aged
❑ Palliative	❑ Operating room	❑ Public Health	❑ Retirement home
❑ Pediatrics	❑ Cardiac/Telemetry	❑ Visiting Nursing	❑ Nursing home
❑ Long-term care	❑ Respiratory	❑ Independent Clinic	❑ Education/Teaching
❑ School health	❑ Oncology	❑ Chronic Care	❑ Other (please specify)_____

I hereby certify that the information given is true and complete.

Name *(please print)*: _____ Title: _____

Telephone: (___) _____ Fax: (___) _____ Email: _____

Signature: _____ Date: _____
yyyy/mm/dd

Re: Collection of Personal Information - The personal information collected on this form is collected under the authority of the University of Windsor Act and is collected in order to consider sessional instructor applicant qualifications in the Faculty of Nursing. If you have any questions about the collection of the personal information on this form, please direct your questions to Sheema Inayatulla, Assistant to the Dean, Faculty of Nursing, at sheemai@uwindsor.ca or 253-3000, x2281.