

**Position Review Form Supplement (PRFS)  
Educational/Certification Information**

**This page is provided as a supplement to the Position Review Form. The employee should complete this form to indicate any educational, certification, or license information that he/she has obtained. Once completed, it should be attached to the Position Review Form (PRF) prior to submitting to Classification & Compensation.**

<b>Name:</b>			
<b>Employee ID #:</b>		<b>Dates Employed:</b>	
<b>Current Title:</b>			

**Education**

I have obtained the following:

- Education:     High diploma or GED  
 Trade or Technical degree/diploma  
 Associate degree  
 Bachelor degree  
 Master degree  
 Doctoral degree

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date Received \_\_\_\_\_ Major: \_\_\_\_\_

**Certification/License**

I have obtained the following certifications/licenses (add an additional sheet, if necessary):

List the type(s) of certification/license:

- 1) \_\_\_\_\_ Date Received: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
2) \_\_\_\_\_ Date Received: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
3) \_\_\_\_\_ Date Received: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

By signing below, I certify that the information on this page is accurate and complete.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date