
Indicate number of hours (or percentage) of HR duties per calendar year: _____
(If all duties performed are spent in an HR role indicate 100%.)

Previous Position

Name of Organization

Job Title

From: ___/___/___ (Month/Day/Year)

To: ___/___/___ in this position

Please mark one: Full-Time _____

Part-Time _____

Describe HR duties and responsibilities reflective of this position.

Indicate number of hours (or percentage) of HR experience per calendar year: _____
(If all duties performed are spent in an HR role indicate 100%.)

Previous Position

Name of Organization

Job Title

From: ___/___/___ (Month/Day/Year)

To: ___/___/___ in this position

Please mark one: Full-Time _____

Part-Time _____

Describe HR duties and responsibilities reflective of this position.

Indicate Number of Hours (or percentage) of HR experience per calendar year: _____
(If all duties performed are spent in an HR role indicate 100%.)

Information below to be completed by Verifier: (Applicant's Supervisor, HR, Business Owner, Client for Consultant)

First Name	Middle Name (Optional)	Last Name
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Title/Position

Organization

Address

Phone Number	Email
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Statement of Verification

I verify and attest that as the applicant's supervisor, HR representative, business owner, or client I can confirm that the information on this form is true and correct.

Verifier's Signature	Date
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Please note that SHRM reserves the right to contact you (the verifier) directly, should it be deemed necessary.

Please upload the completed form through the online portal at <https://portal.shrm.org>. This document will be reviewed within ten business days of receipt by SHRM staff. Once the documentation has been reviewed you will receive an email as to the outcome of the audit.