Minnesota
STATE COLLEGES
& UNIVERSITIES

STEP PLACEMENT
LISTING OF EXPERIENCE BY FACULTY MEMBER

Last name	First name	Middle initial
College	Campus/Site	

Teaching assistant requires documentation from the institution regarding the type of responsibilities for that position.

Employer	Position	State Date Mo/Yr	End Date Mo/Yr	Percent of Full-Time	Faculty Member Total	College Use Only Total
All unshaded columns must be completed					**Total**	

I do hereby state that, to the best of my knowledge, the above and attached information is true and accurate.

Signature of Faculty _____ Date _____

THIS SECTION TO BE COMPLETED BY COLLEGE

Job Class Code: ____ 007018 ____ 007845

Appointment Status: ____Unlimited full-time ____Unlimited part-time ____Temporary full-time ____ Temporary part-time

Effective academic year 200___ - 200___ ____Fall ____Spring ____SS1 ____SS2

Credential Field / Assignment _____

Step Approved _____

_____ _____ _____

Signature of President or Designee College Date