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	Start 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**	

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