

**CREDENTIAL INFORMATION
FACULTY & PROFESSIONAL STAFF**

Employee Name: _____ Employee ID# _____

Position Title: _____ Department: _____

Credential Information

Name of Institution: _____

Type of Degree Earned: _____

Year Degree Conferred: _____

Name of Institution: _____

Type of Degree Earned: _____

Year Degree Conferred: _____

Additional Studies

Name of Institution: _____

Name of Institution: _____

Certifications

Name of Certification: _____

Name of Certification: _____

Employee Signature

Date Signed

Please submit to Human Resources via one of the following:

Fax to: (704) 330-6878

Mail to: P.O. Box 35009
Charlotte, NC 28235

Interoffice: Pitts Building/HR

FOR HR ADMINISTRATION ONLY:

____ 011 ____ NAE Entered on: _____ by _____