



# CGFM Work Verification Form Instructions

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**IMPORTANT! Please read these instructions before filling out your form:**

1. You do NOT need to submit the work verification form prior to taking the CGFM examinations.
2. Your current supervisor may verify your previous experience ONLY IF he or she is fully aware of the time period and duties of your former position(s).
3. Please ensure that all applicable fields are completed. Incomplete forms will NOT be accepted.
4. If you need additional space, you may include only the description of duties on ONE attached page. Do not include a resume or other employment documents.
5. You must submit the work verification form before you can be awarded your CGFM certification.

**If you are using the fillable PDF version of this form:**

6. Fill out the form in its entirety (apart from the verifier's signature and date line) and save it on your computer.  
*Note: If you are using the free version of Adobe Reader (and not Adobe Acrobat), you will need to print your completed form. This product may not allow you to save the form on your computer after you have filled in the information.*
7. For the signature and date line at the bottom, the verifier must physically sign and date the form.

**Questions?** Email AGA at [agacgfm@agacgfm.org](mailto:agacgfm@agacgfm.org) or call 800.AGA.7211





# CGFM Work Verification Form

This form must be used by the CGFM candidate's supervisor or another appropriate verifier (see below) to verify that the candidate has completed at least the equivalent of two years of full-time, professional-level experience in U.S. government financial management.

Please do not submit this form with less than two years of relevant, government financial management experience. Please review the experience requirement at [www.agacgfm.org/cgfm/experience](http://www.agacgfm.org/cgfm/experience) prior to submitting this form.

### CGFM CANDIDATE:

Full name \_\_\_\_\_ Current employer \_\_\_\_\_

### PERSON VERIFYING EXPERIENCE:

I am a (check all that apply):

- CGFM
- Candidate's current supervisor
- Candidate's former supervisor: Dates supervised \_\_\_\_\_  
Verifier's job title and employer at time of supervision \_\_\_\_\_
- Human resources representative

Full name \_\_\_\_\_ Current employer \_\_\_\_\_

Current job title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

The following information about the candidate should be listed in chronological order, with the most recent position listed first. Please provide enough details to describe the candidate's duties and responsibilities—if necessary, attach one additional page.

Position/Title \_\_\_\_\_ Employer \_\_\_\_\_

Dates employed: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_

Was this employer a government agency?

- Yes
- No (if no, specify connection to the government in list of duties below)

Was 100 percent of time devoted to government financial management?

- Yes
- No (if no, indicate percentage of time: \_\_\_\_\_%)

Was it a full-time position?

- Yes
- No (if no, indicate number of hours per week: \_\_\_\_\_)

List of government financial management duties:

Position/Title \_\_\_\_\_ Employer \_\_\_\_\_

Dates employed: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_

Was this employer a government agency?

- Yes
- No (if no, specify connection to the government in list of duties below)

Was 100 percent of time devoted to government financial management?

- Yes
- No (if no, indicate percentage of time: \_\_\_\_\_%)

Was it a full-time position?

- Yes
- No (if no, indicate number of hours per week: \_\_\_\_\_)

List of government financial management duties:

I verify that the candidate listed above has completed at least two years of professional-level U.S. government financial management experience as described above.

Verifier's signature \_\_\_\_\_ Date \_\_\_\_\_



### SUBMIT THE COMPLETED FORM:

- Online: upload to [www.agacgfm.org/mypathtoCGFM](http://www.agacgfm.org/mypathtoCGFM), or
- By mail: AGA, 2208 Mount Vernon Avenue, Alexandria, VA 22301-1314