



# Work Verification Form Instructions

**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. Ensure that all applicable fields are completed. Incomplete forms will NOT be accepted.
3. Your list of duties must appear on the form. NO attachments will be accepted.
4. Your verifier (a CGFM, supervisor, or HR representative) must have direct knowledge of your duties, time period, and extent of time spent on government financial management.

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

5. 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.*

6. Forms must be physically signed/dated or use an authenticated and dated digital signature.

**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 verifier to confirm that the candidate has completed at least the equivalent of two years of full-time, professional-level experience in U.S. government financial management.

**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 \_\_\_\_\_

Email Address \_\_\_\_\_ Candidate ID \_\_\_\_\_

**The following information about the candidate should be listed in chronological order, with the most recent position listed first. Provide enough details to describe the candidate's duties and responsibilities.**

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:

\_\_\_\_\_  
\_\_\_\_\_

## PERSON VERIFYING EXPERIENCE:

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

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

I am a (check all that apply):

☐ Candidate's current supervisor ☐ Human resources representative ☐ CGFM

☐ Candidate's former supervisor: Dates supervised \_\_\_\_\_

Verifier's job title and employer at time of supervision \_\_\_\_\_

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:** [www.agacgfm.org/mypathtoCGFM](http://www.agacgfm.org/mypathtoCGFM)