

MPTC Instructor Approval and Endorsement

To be completed by ALL instructors who will receive payments from the MPTC

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Gender: M F Contact Phone Number: (Home) _____ (Work) _____

Affirmative Action Status: Black Aleut Asian Hispanic Native American
(Optional) Physically-Challenged Vietnam-Era Veteran

Date of Birth: _____ If current State employee, year entered into State service: _____

INSTRUCTOR AFFIRMATIONS

I understand by accepting a teaching assignment that I am responsible to uphold the MPTC training and instructor standards. I agree to teach to the curriculum provided, including the instructional objectives, content, and delivery hours, and will abide by MPTC policies and procedures as they relate to instructors and attendance at MPTC training. I acknowledge that the MPTC, in keeping with maintaining high standards in training, has the right and responsibility to amend instructor qualifications as necessary. I also acknowledge that I have received, read and fully understand the following policies: Sexual Harassment; Sexual Assault and Domestic Violence; Workplace Violence; and Diversity. I understand that my failure to comply by the policies stated will result in the immediate termination of my contract.

X _____
Instructor Signature Date

Further, I declare, under the pains of penalty of perjury, that for the time devoted to rendering the services defined by this contract, I have not claimed nor shall I claim or accept compensation from any other source, whether public or private, for the same services and time span(s). This includes sick time/leave or personnel Injured-On-Duty status.

X _____
Instructor Signature Date Print Name

ENDORSEMENT

To be completed by an authorized MPTC representative:

I have reviewed the instructor's qualifications and support and endorse this instructor's request to teach for the MPTC. Further, I affirm the instructor's qualifications, character, deportment, and professionalism meet the high standards expected of MPTC instructors.

Authorized MPTC Signature Date