

REQUEST FOR SOCIAL SECURITY COVERAGE DETERMINATION

****FORM TO BE COMPLETED BY COMMUNITY COLLEGE HUMAN RESOURCES OFFICE****

Community College Information:

Community College Name: _____

HR Director's Name: _____

Contact phone/email/fax: _____

Position Information:

Title: _____

Official Position Description (attach separate document if necessary):

Certification Requirements for this position:

____ **Certificate of License to Teach (DESE or XO)**

____ **Other (list)** _____

____ **None**

Date position came into existence: _____

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FOR MSSSA USE ONLY:

Category _____

Mod # _____

MSSSA Review _____

ACG? _____

Date to SSA _____