

Appendix D. Employer Validation Form

Purpose. This form is completed by an employer to validate that a proposed Mississippi Workforce Pell eligible workforce program aligns with employer hiring needs, occupational demand, required competencies, and credential expectations.

Instructions. The institution must submit one completed Employer Validation Form, or equivalent employer validation letter, for each required employer. Employer validation should be current, attributable to the signing employer, and dated within the prior twenty-four months unless otherwise approved by the State based on extraordinary labor market circumstances.

Employer Information

Employer/Company Name	
Employer Address	
Industry Sector	
Employer Contact Name	
Title	
Email	
Phone	
Operationally Independent Employer	Yes / No / Explanation attached

Program and Occupation Information

Institution Name	
Program Name	
Credential	
Occupation(s)	
SOC Code(s), if known	
Priority Sector or Occupation	

Employer Validation Statements

- The employer currently hires individuals for the occupation or occupations identified above.
- The employer anticipates hiring individuals for the occupation or occupations identified above within the next 12 to 24 months.
- The occupation or occupations identified above are aligned with current or anticipated workforce demand in Mississippi or the relevant region.
- The skills and competencies included in the program align with the employer's hiring expectations for the identified occupation or occupations.
- The tools, technologies, equipment, or workplace practices included in the program align with current industry expectations.
- The credential, certification, license, or documented competencies associated with the program are recognized, preferred, or accepted by the employer for employment or advancement purposes.

The employer supports the program’s alignment with hiring requirements in the relevant high-skill, high-wage, or in-demand sector or occupation.

Describe the employer’s current or anticipated hiring need.

List the key competencies, technical skills, workplace skills, tools, technologies, equipment, certifications, licenses, or credentials expected for employment.

Describe how the proposed program curriculum or competencies align with the employer’s expectations.

Identify any gaps, additions, or recommendations the employer suggests for the program, if applicable.

Employer Recognition of Credential or Competencies

The employer recognizes the credential associated with the program for employment purposes.

The employer prefers the credential associated with the program but does not require it for employment.

The employer requires the credential, certification, license, or occupational qualification for employment.

The employer recognizes the program competencies even if the credential itself is not required for employment.

Not applicable or unable to determine.

Employer Involvement

Employer participated in curriculum development or review.

Employer participated in identifying program competencies or occupational outcomes.

Employer participates on an advisory board, sector partnership, employer collaborative, or similar group related to the program.

Employer offers work-based learning, clinical, internship, apprenticeship, interview, hiring, or other partnership opportunities.

Employer did not participate in program design but is validating demand and alignment through this form.

Employer Attestation and Signature

By signing below, the employer representative attests that the information provided in this form is true and accurate to the best of the representative's knowledge and reflects the employer's current or anticipated hiring needs and competency expectations.

Authorized Employer Representative Name	
Title	
Signature	
Date	
Email	
Phone	

For Institution Use Only

Employer is operationally independent from other employers submitted for this program, or the institution has documented an independent hiring authority.

Employer validation is dated within the prior 24 months, or the institution has documented a State-approved exception.

Employer validation aligns with the program's identified SOC code(s), occupation(s), credential, and curriculum.

Employer validation has been included in the application attachment index.