

WAKULLA COUNTY SCHOOL BOARD
PERSONNEL DEPARTMENT
CERTIFIED EMPLOYMENT VERIFICATION FORM

TO BE COMPLETED BY EMPLOYEE: Type or Print

If your name was different during your tenure, provide the name under which you were employed.

Name: _____
first
middle
maiden
last

Social Security # (last 4 digits only): XXX – XX - _____

County Employed: _____ Years Employed: _____

SICK LEAVE TRANSFER: Please sign here to authorize/request transfer of sick leave to the Wakulla County School Board.

Signature: _____ Date: _____

Please confirm instructional employment below. Use one (1) line for each year the employee worked. Copy this form as needed.
Return completed form(s) to Wakulla County School Board, P.O. Box 100, Crawfordville, FL 32326-0100.

TO BE COMPLETED BY EMPLOYER:

SCHOOL YEAR	NO. HOURS PER DAY IF LESS THAN FULL TIME	NO. MONTHS WORKED	NO. MONTHS IN TERM	IF LESS THAN ONE YEAR		JOB TITLE
				ACTUAL NO. DAYS WORKED	ACTUAL NO. DAYS IN TERM	

CONTRACT STATUS: Employee held a _____ Continuing _____ Professional Services Contract

SICK LEAVE: Employee had _____ hours of unused sick leave.
 Is leave being transferred at this time? Yes No Signature: _____

TYPE OF SCHOOL SYSTEM: Public _____ Non-Public _____

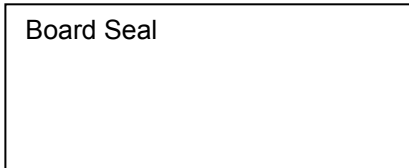
School Name: _____ Phone # _____
 (Required before credit is given)

Address: _____ City/State/Zip _____

County: _____ State: _____ Date: _____

Authorized Signature: _____

Title: _____



FOR OFFICE USE ONLY:

The employee listed above should be given credit for _____ years of service based on experience verified above.

Signature
Date