WAKULLA COUNTY SCHOOL BOARD
PERSONNEL DEPARTMENT
CLASSIFIED EMPLOYMENT VERIFICATION FORM

TO BE COMPLETED BY EMPLOYEE: Type or Print

Name:_____ _____ _____ _____
first middle maiden last

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

Please confirm non-instructional employment below. Use one (1) line for each year the employee worked for you giving the month, day and year employment began and ended. 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:

BEGINNING AND ENDING DATE (MM/DD/YY) USE SEPARATE LINE FOR EACH YEAR	NO. HOURS WORKED PER DAY IF LESS THAN FULL TIME	IF LESS THAN ONE YEAR		POSITION
		ACTUAL NO. DAYS WORKED	ACTUAL NO. OF DAY IN SERVICE YEAR	

NAME:_____ **TITLE:**_____

NAME OF BUSINESS/COMPANY:_____

ADDRESS:_____

*** PHONE # :** (_____)_____ **DATE COMPLETED:**_____

***** **NOTE:** a phone number is required before credit will be given for previous experience.

_____
Signature

FOR OFFICE USE ONLY:

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

_____ _____
Signature Date