



1445 Education Way • Port Charlotte, FL 33948 • Telephone: 941.255.0808 • FAX: 941.255.7569

VERIFICATION OF EMPLOYMENT

TO: PREVIOUS EMPLOYER/SCHOOL DISTRICT NAME/ADDRESS

DATE: _____

	Please return completed form to Charlotte County Public Schools Human Resources: <ul style="list-style-type: none"> Form may be returned via email only if sent by an official email address associated with the sending District. *If returned by fax or mail, this document must be notarized.

This employee has been recently hired by the Charlotte County Public Schools. Since additional compensation may be paid for creditable years of related work experience, please complete Part II below and send this form within five (5) days to the Human Resources. If additional space is needed, please use the reverse side or attach a letter or statement. The employee's signature indicates approval to release all information regarding employment with your company.

Employee Signature: _____

PART I – TO BE COMPLETED BY EMPLOYEE

First Name	MI	Last Name	Name Under Which Employed
Social Security #	Position Held with Previous Employer		Dates of Employment

PART II – TO BE COMPLETED BY EMPLOYER

Please use a separate line for each year and complete all columns.

Dates of Service FROM MM/DD/YYYY	Dates of Service TO MM/DD/YYYY	Months Worked Per Year	Hours Worked		# Days in Contract Yr/ # Days Employed <i>(if applicable)</i>	Position Held <i>(Please indicate if "substitute" teaching)</i>	Brief Description of Duties
			Daily	Weekly			

Complete this portion if the employee held a teaching or other instructional position.

1. Employee was state certified.
2. Employee has received satisfactory evaluations for the above year(s) of service.
3. Is there an Affidavit of Separation in this employee's file?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If no, please indicate which year were unsatisfactory _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No		If yes, please attach a copy of this document. (FL Statute 1012.31-2). In cases of separation due to termination or resignation in lieu of termination, the person shall execute and maintain an affidavit of separation, on the form adopted by the Department of Education, setting forth in detail the facts and reasons for such separation. The affidavit must expressly disclose when separation is due to a report of sexual misconduct with a student.

We do not find a record of service for this employee.

Printed Name	Title	Date
Signature	Phone Number	