

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

HUMAN RESOURCES DEPARTMENT

801 Bill Beck Boulevard

Kissimmee, FL 34744

EmploymentVerification@osceolaschools.net

INSTRUCTIONAL EXPERIENCE VERIFICATION

To Whom It May Concern: I am presently employed by The School District of Osceola County, Florida. In order to substantiate my previous employment for salary purposes, will you kindly verify my dates of employment below. Your promptness in returning this form **directly to the address or email provided above** will be greatly appreciated. My salary placement is pending receipt of this information.

Print Name _____ Position with Osceola County _____

Last four (4) of Social Security # _____ Approximate Date(s) of Employment _____

Signature _____ Date _____

TO BE COMPLETED BY PREVIOUS EMPLOYER

Please complete the information below, **have the form notarized or use school board seal and return form to the address or email provided above**.

Please list successful years of performance yearly beginning with July 1 and ending with June 30.

Subject(s)/Grade(s) Taught: _____

NAME OF SCHOOL	PUBLIC	PRIVATE	School Year		Was the performance satisfactory	Number of Days Worked in School Year	Full-Time	Part-Time
			BEGINNING DATE Mo/Day/Yr	ENDING DATE Mo/Day/Yr	Indicate for each year Yes or No			

- 1) At the time service was performed, the above system or college was accredited by the: (State Department of Education or Accreditation Agency) _____
- 2) Did this individual hold a FULL-TIME Teaching Certificate issued by the State Department of Education in your state? ☐Yes ☐No
- 3) Would you re-employ? ☐Yes ☐No
- 4) Is this individual retired from your State/Public Retirement System? ☐Yes ☐No

<p>_____ School District Authorized Signature Date</p> <p>Title _____</p> <p>School District _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone Number _____ Extension _____</p> <p>Email Address _____</p>	<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>Subscribed and sworn before me on this _____ (date) by _____</p> <p><i>Print name-School District Authorized Signature (affiant).</i></p> <p>_____ Signature of Notary Public - State of Florida</p> <p>_____ Print, Type, or Stamp Commissioned Name of Notary Public</p> <p><input type="checkbox"/> Personally Known OR</p> <p><input type="checkbox"/> Produced Identification _____</p>
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INSTRUCTIONAL EXPERIENCE VERIFICATION

Instructions for completing instructional experience verification form. All columns must be completed.

- 1) Subject(s)/Grade(s) Taught – Enter the subject and/or grades taught by the teacher.
- 2) Name of School – Enter the official name of school.
- 3) Public – Check if public school.
- 4) Private – Check if private school.
- 5) School Year – Corresponds to the fiscal school year (July 1 – June 30). No more than one year of experience can be shown on one line.
- 6) Was the employee's work performance satisfactory? – Enter "Y" for yes or "N" for no.
- 7) Number of days worked in school year – Enter the number of days actually worked by the employee during the school year.
- 8) Full Time – Check if the employee worked a "full-time" schedule.
- 9) Part Time – Check if the employee worked a "part-time" schedule.
- 10) State Department of Education or Accreditation Agency – Indicate the accrediting organization for your school district.
- 11) Did this individual hold a full-time teaching certificate issued by the State Department of Education in your state -
- 12) Enter "Y" for yes or "N" for no.
- 13) School District Authorized Signature/Date – Signature of person completing or verifying the information on the form is correct.
- 14) Title/School District– Indicate the title of the person who has signed the form and name of school district.
- 15) Address – Indicate the address and phone number of the school district.
- 16) Would you re-employ - Enter "Y" for yes or "N" for no.
- 17) Did this individual hold a Continuing Contract or Professional Services Contract – Answer yes or no.
- 18) Is this individual retired from your state or public retirement system - Enter "Y" for yes or "N" for no.
- 19) Notary Information/School Seal – Either affix school seal or have form notarized.