

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

HUMAN RESOURCES DEPARTMENT

801 Bill Beck Boulevard

Kissimmee, Florida 34744-4495

EmploymentVerification@osceolaschools.net

## PROFESSIONAL SUPPORT STAFF 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 \_\_\_\_\_ Last Four (4) of Social Security No. \_\_\_\_\_ Position with Osceola County \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Approximate Date(s) of Employment \_\_\_\_\_

**PREVIOUS FIRM: PLEASE COMPLETE THE INFORMATION BELOW, HAVE THE FORM NOTARIZED OR USE CORPORATE/SCHOOL BOARD SEAL AND RETURN FORM TO THE ADDRESS ABOVE.**

Please list successful years of performance YEARLY beginning with July 1 and ending with June 30. Add additional pages, if necessary.

Title of Position	Length of Service		Hours Worked Per Day	# of Days Worked in Per Year	Full-Time	Part-Time	Description of duties, responsibilities, and skills required in this position
	BEGINNING DATE Mo/Day/Yr	ENDING DATE Mo/Day/Yr					

The majority of this employee's time was spent as follows \_\_\_\_\_

Degree of success in the above position \_\_\_\_\_

Would you re-employ? ☐ Yes ☐ No

Is this individual retired from your State/Public Retirement System? ☐ Yes ☐ No

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_\_ by \_\_\_\_\_  
Date Print Name-Authorized Signature (affiant)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in front of Notary or use Corporate/School Board Seal)

He/she is personally known to me or has presented \_\_\_\_\_ as identification. Type of identification  
Notary Seal Or Corporate/School Board Seal below

Title \_\_\_\_\_ Name of Firm \_\_\_\_\_

Notary's Signature

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Notary typed, printed or stamped

Area Code Telephone Number and Extension \_\_\_\_\_ Email Address \_\_\_\_\_