



To Be Completed by LCS Employee

To Previous Employer: _____

Previous Employee Address: _____

City: _____ State: _____ Zip: _____

I am currently employed by Leon County Public Schools. LCS will take into consideration my employment with you in determining my salary. Please verify my dates of employment and position(s) held below. Your promptness in returning this form directly to the address below will be appreciated. My salary placement is pending receipt of this information. Thank you for your assistance.

Name: _____ Social Security #XXX-XX-_____

Position(s) Held at Previous Employer: _____

Approximate Date(s) of Employment from: _____ to _____

I hereby authorize you to supply the information requested herein to Leon County Public Schools.

Signature: _____ Date: _____

(To Employee: Falsification of records to receive compensation to which you are not entitled may result in dismissal.)

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If employee held more than one job with you, please separate each job below.

Job Title: _____ Full Time Part-Time

Dates: From: _____ To: _____

Duties/Responsibilities: _____

Job Title: _____ Full Time Part-Time

Dates: From: _____ To: _____

Duties/Responsibilities: _____

Job Title: _____ Full Time Part-Time

Dates: From: _____ To: _____

Duties/Responsibilities: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Contact Phone Number: _____

(Required for reverification)

This foregoing instrument was acknowledged before me this ____ day of 20____.
By _____
(Name of the Authorized Signature)

(Signature of Notary Public) (NOTARY SEAL)

Personally Known ___ OR Produced Identification ___
Type of Identification Produced _____

LCS OFFICE USE ONLY

Date Received: _____
Unit: _____
Approved/Denied: _____
Years Granted: _____
Reason for Denial: _____
Reviewed by: _____

Return completed form to:
Leon County Public Schools
c/o Human Resources Department
2757 West Pensacola Street Tallahassee, FL 32304
Attn: Non-Instructional Section
Phone: (850) 487-7100