



THE SCHOOL BOARD OF LEON COUNTY, FLORIDA

VERIFICATION OF INSTRUCTIONAL WORK EXPERIENCE

RETURN TO THE HUMAN RESOURCES DEPARTMENT
ATTN: INSTRUCTIONAL SECTION
2757 W. Pensacola Street – Tallahassee, Florida 32304
Phone: (850) 487-7100

The employee below has accepted employment with Leon County Schools (LCS). LCS reviews previous experience in consideration of determining salary. Please provide all dates of employment and position(s) held. Per LCTA Contract Language Article 21.07.A ratified 2/26/2019, "Beginning with the 2019-2020 School Year, the deadline to provide the documentation of experience is no later than 120 calendar days from the date of hire to determine and grant salary placement." The information below must be completed by the previous employer. This is a legal document. Erasures, ditto marks and white-out corrections are not acceptable. Please use a separate line for each year of experience. Thank you for your assistance.

EMPLOYEE NAME (Please Print)	FORMER NAME (If Applicable)	LAST 4 DIGITS OF SOCIAL SECURITY #
		XXX-XX-_____

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

Signature of Employee

Date

****Falsification of records to receive compensation to which you are not entitled may result in dismissal****

SCHOOL DISTRICT/SCHOOL NAME: _____

SCHOOL YEAR	CONTRACT DAYS	DAYS WORKED	FULL-TIME/PART-TIME	PUBLIC/PRIVATE	SCHOOL NAME	POSITION	IS THE SCHOOL ACCREDITED AND BY WHOM	SATISFACTORY PERFORMANCE EVALUATION? YES OR NO

Please affix a school district seal, district stamp, private school stamp, or notarize the form. If documentation is from a foreign country, the form will need to be sealed or stamped by the Ministry of Education.

Print Name of Authorized Employer

Title of Authorized Employer

Signature of Authorized Employer

Date

Address of Authorized Employer

Phone Number

Email Address

The foregoing instrument was acknowledged before me this ____ day of 20____,

by _____
(Name of Person Acknowledging)

(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: _____

If you have questions about this form, please call (850) 487-7100 between 8:00am – 5:00pm EST and ask for the Instructional Section.