

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
HUMAN RESOURCES  
1960 LANDINGS BOULEVARD, SARASOTA, FL 34231  
PHONE (941) 927-9000

**INSTRUCTIONAL EMPLOYMENT VERIFICATION**

**EMPLOYEE SECTION**

**INSTRUCTIONS:** This form is used to determine salary level based on creditable years of prior experience. Print all information on form then sign and date.

To (Name and address of former employer)  <hr/> <hr/> <hr/> <hr/>	Employee Name (Include any former name at time of employment)  <hr/>	Social Security Number  <hr/>
<b>Authorization to Release Information</b>  I understand that it is my responsibility to forward the Employment Verification Form to each of my previous employers. I hereby authorize the release of information from my payroll/personnel records to The School Board of Sarasota County, Florida.		
Employee Signature _____		Date _____

**DISTRICT/AGENCY COMPLETE THIS SECTION**

**INSTRUCTIONS:** Print all information requested on this form (see shaded example). If additional space is needed, continue on page 2. Do not list substitute teaching experience. **School Board seal or notarization is required.** Promptly return the completed, signed form to the above noted address. A fax will not be accepted.

School Year (List one school year per line)		Contract Days in School Year	Contract Days Paid	Full-Time or % Part-Time	Public or Private	Charter School Yes or No	Position Held	Grade Level	Satisfactory Performance Evaluation Yes or No	School Accredited Yes or No If yes, list name of accrediting agency or State Dept. of Education
2002	2003	196	155	FT	Public	No	Teacher	12	Yes	FL Dept. of Ed. or SACS

Was the employee ever referred to the state licensing/certifying authority? Check one <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the employee ever disciplined? Check one <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the employee ever terminated? Check one <input type="checkbox"/> Yes <input type="checkbox"/> No

Authorized School Official Name (Print) \_\_\_\_\_ Authorized School Official Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

Name of person making statement

personally known \_\_\_\_\_ or produced identification \_\_\_\_\_, type of identification produced \_\_\_\_\_.

**Affix School Board or Notary Seal below**

Notary Public Signature \_\_\_\_\_ Date \_\_\_\_\_

