



Staffing Specialist Initials: _____

Verification of Previous Work Experience

PART I – To Be Completed By Employee and Forwarded to Previous Employer

NAME (Print) _____
 (Last) (First) (Middle) (Maiden)

ADDRESS _____

Social Security Number: _____

I have been employed as a teacher in Prince George's County, Maryland effective _____. In order to substantiate my previous experience for salary purposes, will you kindly verify my dates of employment below. Your promptness in returning this form directly to me at the address above will be greatly appreciated. My salary placement is pending receipt of this information.

Exact Dates of Service: From (month/year) _____ to (month/year) _____

 Signature

 Date

PART II – To Be Completed By Previous Employer

Year	Name of School or System	Total No. Months Taught	Full Time	*Part Time	Salary	Grade and Subjects Taught
Month ____/Year ____ to Month ____/Year ____						
Month ____/Year ____ to Month ____/Year ____						

**For part-time employment, please indicate percentage of time.*

- If there was an extended leave of absence granted during employment, please indicate nature of leave and exact dates:

- Was the experience listed above successful? _____
 (MUST BE COMPLETED)

SEAL OF BOARD OR SCHOOL (REQUIRED)

Print Name _____

Signature _____

Position _____

Address _____

Date _____

Telephone _____

Employee Should Bring This Form In To Your Staffing Specialist