

AUGUSTA COUNTY SCHOOL BOARD

18 Government Center Lane

PO Box 960

Verona, VA 24482

Verification of Paid Experience Form

This form must be completed by one of the following individuals as the employer: Superintendent, Superintendent's designee, or Director of Human Resources.

• **Instructions for the Employee:** Please complete Section I and then submit the form to your employer who will complete Section II. The employer must submit the completed form. A separate form must be completed by each employer.

• **Instructions for the Employer:** Please complete Section II. The form must be submitted to the Personnel Office by the employer via email to personnel@augusta.k12.va.us or through the U.S. mail to PO Box 960, Verona, VA, 24482. This form cannot be faxed.

Please **NOTE:** The end date of employment must be on or before today's date and cannot be listed as "to present". Future dates on the form and incomplete forms will not be accepted.

Section I: Employee information.		
First Name:	Last Name:	MI:
Date of Birth: ____/____/____ (mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
Indicate name under which you worked if different then above:		
I was employed by your School Division from: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)		
Certificate title(s) for which you are requesting this form be completed:		

Section II: Employer information.				
Public School System Name:				
<i>I certify that the above named employee was employed by our school division during the following terms:</i>				
20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	
20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	
20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	
20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	20 ____ to 20 ____	
Sick Leave eligible for transfer: _____ hours / days			Eligible for Continuing Contract: ____ YES ____ NO	

Authorized Signer (Print Name)

Date

Signature

Title