

THE SCHOOL DISTRICT OF GREENVILLE COUNTY
P.O. Box 2848, Greenville, South Carolina 29602

VERIFICATION OF JOB RELATED EXPERIENCE

The employee will duplicate this form and complete lines 1-6 before forwarding to each former employer to verify the experience he/she wishes to have considered for vacation purposes. The appropriate Human Resources Officer or Superintendent of Schools will complete lines 7-10 and return the form to The Greenville County School District.

Dear _____

(Company Officer or Superintendent of Schools)

I wish to establish my job related experience in your school system/company with the Greenville County School District and shall appreciate your verification.

<i>(Employee will complete Lines 1-6)</i>				
1.	Name (Last, First, Middle, Maiden)			
2.	Address (Street, P.O. Box, or RFD)	City	State	Zip Code
3.	Social Security Number	South Carolina Teaching Certificate Number		
4.	Name of School(s)/Company(s) in which I was employed		Job Title, Grade or Subject Taught	
5.	Dates of Employment: FROM: _____ TO: _____			
		Month Day Year	Month Day Year	
6.	Date	Signature of Employee		

<i>(Lines 7-10 TO BE COMPLETED BY APPROPRIATE HUMAN RESOURCE OFFICER OR SUPERINTENDENT OF SCHOOLS)</i>					
7.	Employment Record of (Last Name, First, Middle, Maiden)				
8.	State	County	School District/Company		
9.	Name of School(s)/Company(s) Where Employed			<u>Full-Time</u> (check one) <u>Part-Time</u>	
10.	From	Through	Total Years	If Part-time	Job Title, Area or Subject Assignment
	Month Day Year	Month Day Year	Employed	% of day Employed	
Signature of Company Officer or Superintendent of Schools					
Date		Address			

<u>FOR GREENVILLE COUNTY SCHOOL DISTRICT USE ONLY</u>		
_____	_____	_____
Total Years of Credit Accepted	Human Resource Signature	Date