

SANTA ROSA COUNTY SCHOOL DISTRICT
HUMAN RESOURCE OFFICE
6032 Highway 90
MILTON, FLORIDA 32570
(850) 983-5029

REQUEST FOR VERIFICATION OF SATISFACTORY EXPERIENCE

Personal Data (To be completed by the employee)

Last Name	First	M.I.	Social Security Number		
Name at time of employment if different from above:		Address:	City	State	ZIP
Employee Signature					

The following information will be used to compute salary credit for the above named employee. Credit for a year of service is given only when the period of service exceeds one-half of an actual annual contractual period by at least one day and a rating greater than or equivalent to satisfactory/effective was received on the employee's annual performance evaluation.

This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the above address.

LIST EACH YEAR OF SERVICE RENDERED BY THE EMPLOYEE UNDER YOUR JURISDICTION SEPARATELY IN CHRONOLOGICAL ORDER.

Name of School	Dates of Employment/ School Year (month/day/year)		Position Held	Number of contract days/year for Teacher/Employee	Actual # of days worked	# of hours if part-time	Was the performance evaluation satisfactory?	
	From	To					Yes	No

This experience was in a:

- Public School District Public College/University
 Private School Private College/University

Please affix School Board Seal:

Please notarize if School Board Seal is not available:

State of _____, County of _____
Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is Personally known to me or who has produced _____ as identification.

Signature of Notary Public

My Commission Expires

Notary Seal/Stamp:

Name of Authorized Official (please print):

Signature of Authorized Official:

Title: _____ Phone: _____

School District or College/University:

Address: _____
