

PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

Employee Name _____

Social Security # _____

USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN STATUS - DO NOT INCLUDE LEAVE OF ABSENCE PERIODS

SCHOOL DISTRICT	STATE	DATES OF SERVICE		DAYS ON CONTRACT	STA FULL TIME
		FROM MO/DAY/YR	TO MO/DAY/YR		

TRANSFER OF UNUSED SICK DAYS

This is to certify that the following is an accurate record of unused accumulated sick leave accrued after July 1, 1987, and cred to the former employee named above in accordance with the School Laws of Arkansas (Act 834 of 1991).

As of _____, 20_____, _____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.

I certify that the above listed verification of professional experience omits leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Signature of Authorized Official

Address

Area Code and Phone Number

Please forward this completed verification form to:

Human Resource
El Dorado Public Schools
200 West Oak, El Dorado, AR 71730
Office # 870-864-5014

Fax # 870-864-5015

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