



**VERIFICATION OF EXPERIENCE FOR INSTRUCTIONAL STAFF**  
 RETURN TO THE HUMAN RESOURCES DEPARTMENT  
 9461 BRANDYWINE LANE, PORT ST. LUCIE, FL 34986  
 772-429-7501 (FAX)  
 HumanResources@stlucieschools.org

The employee below has accepted employment with St. Lucie Public Schools (SLPS). SLPS reviews previous experience in consideration of determining salary. Please provide all dates of employment and position(s) held. Your promptness in returning this form directly to the address above is appreciated as salary placement is pending receipt of this information. Thank you for your assistance.

Employee Name (Please Print)	Former Name (If Applicable)	Last 4 Digits of Social
		XXX - XX - ____

I hereby authorize you to release the information requested herein to St. Lucie Public Schools.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**\*\*\*Falsification of records to receive compensation to which you are not entitled may result in dismissal.\*\*\***

**THE INFORMATION BELOW MUST BE COMPLETED BY THE PREVIOUS EMPLOYER.  
 THIS IS A LEGAL DOCUMENT. ERASURES, DITTO MARKS, AND WHITE OUT CORRECTIONS ARE NOT ACCEPTABLE.  
 USE A SEPARATE LINE FOR EACH YEAR OF EXPERIENCE.**

School Year	Contract Days	Days Worked	Full-Time	Part-Time	Public or Private	Position	Grade Level	Satisfactory Performance Evaluation? Yes or No	Is the school accredited and by whom?

Affix a school district seal, district stamp, private school stamp, or notarize the form. If documentation is from a foreign country, the form will need to be sealed or stamped by the Ministry of Education.

\_\_\_\_\_  
*Print Name of Authorized Employer*

\_\_\_\_\_  
*Title of Authorized Employer*

\_\_\_\_\_  
*Signature of Authorized Employer*

\_\_\_\_\_  
*School District*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Of*  
**Page\***

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*E-mail Address and Phone Number*

Notarization of this form is required if the experience is from a self-owned business.

The foregoing instrument was acknowledged by means of \_\_\_physical presence or \_\_\_online notarization this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, individual identified by \_\_\_\_\_  
*(name of person acknowledging)*  
 \_\_\_personal knowledge or \_\_\_satisfactory evidence, type \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public) (NOTARY SEAL)

\_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

**SLPS OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Unit: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_

Years Granted: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Reviewed by: \_\_\_\_\_