

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES

**SCHOOL BOARD OF ST. LUCIE COUNTY**

**EMPLOYEE STATEMENT FORM**

NAME (**PRINT**) \_\_\_\_\_

POSITION \_\_\_\_\_

SCHOOL/DEPARTMENT \_\_\_\_\_

**STATEMENT MADE BY ABOVE NAMED PERSON**

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EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_