



VERIFICATION OF EXPERIENCE FOR NON-INSTRUCTIONAL STAFF
 RETURN TO THE HUMAN RESOURCES DEPARTMENT
 501 NW UNIVERSITY BLVD, 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.**

Job Title	Full-Time	Part-Time	Start Date	End Date	Position/Duties Performed (attach job description if available)

Print Name of Authorized Employer

Title of Authorized Employer

Signature of Authorized Employer

Company Name

Company Address

Date

Company 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 before me this ____ day of _____, 20____, by _____ (name of person acknowledging)

(Signature of Notary Public) (NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

SLPS OFFICE USE ONLY

Date Received: _____

Unit: _____

Approved/Denied: _____

Years Granted: _____

Reason for Denial: _____

Reviewed by: _____