



VERIFICATION OF EXPERIENCE FOR 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.
 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

Address

E-mail Address and Phone Number

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: _____