

THE SCHOOL DISTRICT OF BAMBERG TWO
62 Holly Ave, Denmark, South Carolina 29042

VERIFICATION OF JOB RELATED EXPERIENCE

The employee will duplicate this form and complete lines 1-6 before forwarding to each former employer to verify the experience he/she wishes to have considered for vacation purposes. The appropriate Human Resources Officer or Superintendent of Schools will complete lines 7-10 and return the form to Bamberg School District Two.

Dear _____
(Company Officer or Superintendent of Schools)

I wish to establish my job related experience in your school system/company with Bamberg School District Two and shall appreciate your verification.

(Employee will complete Lines 1-6)				
1.	Name (Last, First, Middle, Maiden)			
2.	Address (Street, P.O. Box, or RFD)	City	State	Zip Code
3.	Social Security Number	South Carolina Teaching Certificate Number		
4.	Name of School(s)/Company(s) in which I was employed		Job Title, Grade or Subject Taught	
5.	Dates of Employment: FROM:		TO:	
	Month	Day	Year	Month Day Year
6.	Date	Signature of Employee		

(Lines 7-10 TO BE COMPLETED BY APPROPRIATE HUMAN RESOURCE OFFICER OR SUPERINTENDENT OF SCHOOLS)							
7.	Employment Record of (Last Name, First, Middle, Maiden)						
8.	State	County	School District/Company				
9.	Name of School(s)/Company(s) Where Employed			Full-Time (check one)	Part-Time		
				<input type="checkbox"/>	<input type="checkbox"/>		
10.	From		Through		Total Years Employed	If Part-time % of day Employed	Job Title, Area or Subject Assignment
	Month	Day	Year	Month			
	Signature of Company Officer or Superintendent of Schools						
	Date	Address					

<u>FOR BAMBERG SCHOOL DISTRICT TWO USE ONLY</u>		
_____	_____	_____
Total Years of Credit Accepted	Human Resource Signature	Date