To Whom It May Concern:

I have been employed by the Charlotte County Public Schools, Florida. In order to substantiate my previous employment for salary purposes and/or requirements of the Professional Orientation Program, will you kindly verify my dates of employment below. Your promptness in returning this form directly to the address below will be appreciated. My salary placement is pending receipt of this information.

Name (Print):_____ Personal ID #:_____

Signature:_____ Approximate Date(s) of Employment:_____

Please Complete The Section Below As Follows:

1. Use a SEPARATE line for each year of experience. (Use Reverse Side If Necessary)
2. For part-time employment, please indicate the hours per day.
3. Do not list SUBSTITUTE experience.
4. Please return the completed form to the Charlotte County Public Schools, 1445 Education Way, Port Charlotte, FL. 33948 FAX (941)255-7571 Web Site: www.ccps.k12.fl.us

School Yr	Contract Days In School Yr.	Number Days Taught	Full Time	Part Time Hrs Per Day	Public	Private	Name of School	Actual Position Held Subject and/or Grade Taught

- Was school accredited, licensed, regulated, etc., during this time ____yes ____no
- If experience is within the State of Florida, was the individual on Continuing Contract or Professional Services Contract? ____yes ____no
- Unused Sick Leave at time of resignation: _____Hours _____Days

School District | Address | City | State | Zip | Telephone

Authorized Signature | Title | Date