



**VERIFICATION OF EXPERIENCE FORM**  
 Return Form to: Lakota Local Schools, Human Resources Office, either via fax at 513-644-1182 or via postal mail at 5572 Princeton Road, Liberty Township, Ohio 45011.

Employee Name: \_\_\_\_\_

Social Security Number: XXX-XX-\_\_\_\_\_

To Be Completed by the Current or Previous Employer (Superintendent or Personnel Officer)

**USE ONE LINE FOR EACH ACADEMIC YEAR OR YEAR OF SERVICE**

SCHOOL DISTRICT OR INSTITUTION	CITY/STATE	DATES OF SERVICE		NUMBER OF DAYS WORKED	STATUS HOURS PER WEEK			POSITION
		FROM MO/DAY/YR	TO MO/DAY/YR		FULL TIME	PART TIME	ON CALL	

*\* Full Time (40 + hours per week) \* Part Time (25-39 hours per week) \* On Call (work on an as needed basis)*

**Ohio Public Employers Only:**

Please verify the number of unused, accumulated sick leave days for this employee at the expiration of employment. Number of unused, accumulated sick leave days to be transferred to Lakota: \_\_\_\_\_.

**If you have previously transferred the sick days to another district, please indicate the name of the district below:** \_\_\_\_\_

Please indicate the type of contract this person attained while employed with your school (*only if Ohio school district*). 1 year \_\_\_\_ 2 years \_\_\_\_ Continuing \_\_\_\_

\_\_\_\_\_  
Signature of Verifying Official

\_\_\_\_\_  
Title of Verifying Official

\_\_\_\_\_  
Date Verified