



Montgomery County
Public Schools

Employment Verification

School District:

RE: _____
(Name of Employee)

The individual named above has been offered employment with Montgomery County Public Schools. He/she has indicated previous teaching/administrative experience in your school system as listed below. We need verification of experience to determine the placement on our salary scale. **Please return to the PERSONNEL OFFICE at the address listed below or fax to (540) 394-4446.** Thank you.

<u>School</u>	<u>Session Dates</u> <small>(list years as yyyy/yyyy)</small>	<u>No. of Contractual Days</u>	<u>No. of Days Teacher was Employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Terms of employment: Full-time Part-time (If part-time, list percentage _____%)
Was this person on a continuing contract in your system? Yes No
Number of days accumulated sick leave in Virginia _____

By my signature, I verify that the above-named person was successfully employed full-time and/or part-time, under contract in the public school(s) or **accredited** non-public school(s) and for the period(s) listed above.

Printed Name

Signature

Position

Date

REV: 06/2015