



MONTGOMERY COUNTY SCHOOLS VERIFICATION OF EMPLOYMENT

To: _____ School District: _____

Email/Fax: _____

_____, SS #(last four) _____, who has been recently employed by the Montgomery County School District, has reported that s/he was employed in your school district. Please verify years of experience and other information as noted below and return to Candace Hunt, Human Resource Manager at candace.hunt@montgomery.kyschools.us or fax to (859) 497-8780.

Dates of Service (Beginning & Ending)	Actual No. Days Worked	Number of Contracted Days	Full-Time/Part-Time /Sub	Position Held	Certified or Classified

Transferring Sick Days _____ Contract Status (if applicable): Limited Continuing(Tenure)
If this employer is a non-public school, accrediting agency is _____

OPEN RECORDS REQUEST

Please provide any information contained in this individual's personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency. Information enclosed/attached No disciplinary action on record for this individual

TRANSFERS ONLY – Health Insurance/HRA/FSA

Company Number _____ Pers Number _____

Plan Options

- LivingWell CDHP
- LivingWell PPO
- Standard PPO
- Standard CDHP
- Cross Reference

Coverage Level

- Single
- Parent Plus
- Couple
- Family
- Smoker

Waiving Health Insurance

- Waiver(General Purpose) HRA – with \$
- Waiver Dental/Vision ONLY HRA – with \$
- Waiver Without HRA – no \$

Flexible Spending Account (monthly deduction)

Last Day Worked: _____

Termination of Health Coverage: _____

Healthcare FSA: _____

Dependent Care FSA: _____

TRANSFERS ONLY – Life Insurance

Optional Life and Accidental Death

- Plan 1 (\$ 5,000)
- Plan 2 (\$10,000)
- Plan 3 (\$25,000)
- Plan 4 (\$ 50,000)
- Plan 5 (\$100,000)
- Plan 6 (\$150,000)

Dependent Life Insurance

- Plan A
- Plan B
- Plan C
- Plan D
- Plan E
- Plan F
- Plan G
- Plan H
- [Link](#)

Other Voluntary Deductions

Deduction	Amount Per Month or Check	Coverage End Date

Deduction	Amount Per Month or Check	Coverage End Date

Name and Title of Person Completing Form: _____

Signature: _____ Phone No: _____

Revised: 09/2018

RETURN TO: Montgomery County Schools Human Resource Department