Duplin County Schools
VERIFICATION OF EMPLOYMENT
To: Human Resources

_____

_____

_____

Return to: Duplin County Schools

Human Resources
PO Box 128
Kenansville, NC
28349

Phone (910)-296-6626 Fax (910)-296-1396

_____ _____ _____
(Last Name) **(First Name)** **Last 4 digits of Soc. Sec. #**

has been employed by Duplin County Schools. Please furnish the information requested below:
Employment dates in your school system: Beginning: _____ Ending: _____

Salary Level _____ Monthly Income _____
Retirement # _____ has retirement been withdrawn? _____
Annual Leave Balance days/hours _____as of _____
Sick Leave Balance days/ hours _____as of _____
Personal Leave Balance days/hours_____as of _____
Bonus Days Balance days/hours _____ as of _____

INSURANCE INFORMATION:

State Health Plan Group# _____ Member: _____Yes _____No
Coverage Type: _____ Covered Through: _____
Other: _____

LONGEVITY INFORMATION:

Dates of employment with your organization: From: _____ To: _____
Full-time_____ Part-time_____
Total years and months of eligible state service with your organization
Years _____ **Months** _____
Longevity check issued when employee left your organization _____Yes _____ No
If yes, indicate period of time paid longevity from: _____ to: _____

CONTRACT/LICENSURE INFORMATION

Type of Contract: _____ Career (date) _____ Probationary_____
Was the employee initially certified? If yes, please complete the following:
_____ did not participate in Beginning Teacher Program _____completed 1 year in BTP
_____completed 2 years in BTP Licensure area_____
_____BTP completed and was issued a continuing license on _____
Date

PLEASE ENCLOSE THE FOLLOWING: (Please check if enclosed.)

_____ CEU History _____Health Certificate _____Superintendent's Copy of Teaching Certificate

_____ Aggregate State Service Form _____ BT Portfolio _____Teacher Evaluation Inst. Verification

Authorized Signature: _____ Title: _____
Administrative Unit: _____Date: _____

Revised 05/26/2020