



Verification of School Employment

Boyle County Schools

101 Citation Drive, Suite C | Danville, KY | 859-236-6634 | humanresources@boyle.kyschools.us

Rank and experience shall be determined on September 15 of each year, or within 90 days of hire. Completed forms should be returned to the individual or submitted via email to humanresources@boyle.kyschools.us.

Please complete this request for verification of teaching experience or other school-related work experience for the individual listed below. Please use a separate line for each school year.

First Name	Middle Name	Last Name	Last four of Social Security
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Name of School District: _____

Address: _____ City, State & Zip: _____

Dates of Employment	Number of months in term	Days worked in term
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

* Total number of years worked in your District: _____

* Total number of unused cumulative sick leave days in your District: _____

* At time of employment termination, please indicate what type of contract the employee had:

Continuing Certified Contract

Limited Certified Contract

Classified Contract

Signature: _____ Date: _____

Name: _____ Title: _____

Email Address: _____ Phone: _____

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