

Employment Verification Form

Human Resources, [Click here to enter text.](#)

_____ (SS# _____) has accepted employment with Hertford County Schools. Please complete the following and forward to the **Human Resources Department** at the above address.

Dates of Employment

Beginning Date _____ Ending Date _____ Job Title _____
Full-Time _____ Part-Time _____ % Full-Time _____

Leave Balances (indicate hours or days)

Annual leave balance _____ as of _____ Experience Rating _____
Personal leave balance _____ as of _____ Salary _____
Sick leave balance _____ as of _____ Retirement # _____
Bonus leave balance _____ as of _____ Orbit # _____
Special leave balance _____ as of _____ UID # _____

Insurance Information

Member of State Health Plan: Yes No Group Number _____
Type Coverage _____ Covered Through _____

Longevity Information

Current anniversary date _____
Date of last longevity payment (if applicable) _____
Total State Service _____ Years _____ Months (attach verification)

Contract/License Information

Type of contract: _____ Career (date _____) _____ Probationary
Was the employee an Initially Licensed Teacher? Yes No
If the employee was an ILT, please check the following as applicable:
_____ Completed ILT Year 1 _____ Completed ILT Year 2 _____ Completed ILT Year 3
_____ ILT completed and Form C was mailed to Licensure Section on _____ (date)
_____ Did not participate in the ILT program

Please update renewal credits and forward the Superintendent's copy of the teaching license to us.
Attach documentation showing completion of credits.

Please forward:

__ILP Portfolio (if applicable) __Health Certificate __Teaching Certificate __Longevity Form

Authorized Signature: _____ Title: _____
Administrative Unit: _____ Date: _____