



Verification of Previous Work Experience

Please return this form to: Pamlico County Schools
Human Resources
Fax # (252) 745-4172

Name of Previous Employer:

Name: _____ Last 4 of SS# _____

I hereby authorize the release of employment verification, leave balances and other information to Pamlico County Schools.

Signature: _____ Date: _____

To be completed by **PREVIOUS EMPLOYER:**

Dates of Employment: _____
Beginning Ending

Hours per week: _____ Circle one: *Full-time or Part-time* Job title: _____

Main Duties: _____

****STATE EMPLOYEES ONLY****

Leave Balances as of (date): _____ Circle one: Days or Hours

Annual Leave _____ Sick Leave _____ Personal Leave _____

Current Hire Date for Longevity: _____ Total State Service: _____ Years _____ Months

*****If available, please enclose renewal credits**

Was the employee a beginning teacher? If yes, please mark one of the following:

_____ Did not participate in BTSP _____ Participated 2 years in BTSP
_____ Participated 1 year in BTSP _____ BTSP completed Form C was mailed to DPI

If BTSP is in progress, please send portfolio

Confirmed by: _____
Signature Printed Name

Title: _____ Date: _____