



Winchester Public Schools
Attn: Personnel Department
598 N. Kent St.
Winchester, VA 22601
Fax: 540-723-0137

VERIFICATION OF EMPLOYMENT

TO WHOM IT MAY CONCERN:

The employee listed below has been employed by Winchester Public Schools. In order that we may transfer his/her sick leave and compensate him/her accurately, we ask your cooperation in furnishing the following information. Please complete this form and return it within ten days to the address or fax number shown above. Thank you for your prompt attention to this matter.

This is to verify that _____; social security number _____
was employed with _____ for the following period(s).

RELEASE: I hereby authorize the release of the requested information:

(Signature of Employee) Date: _____

Dates of Employment	Name of School	Grade/Subject	Position Held	Full/Part-time	Number of Days

WAS THE SCHOHOOL/SCHOOL SYSTEM/FACILITY ACCREDITED AT THE TIME THE ABOVE WAS EMPLOYED?

YES _____ NO _____ ACCREDITING AGENCY: _____

VIRGINIA SCHOOL DIVISIONS ONLY:

- A. Amount of accumulated sick leave days for which the employee was not paid at the employee's termination on _____ (date). _____ Days / _____ Hours
- B. Continuing Contract Status Achieved: _____ YES _____ NO
If yes, year in which Continuing Contract Status effective: _____
- C. VRS Membership Plan: _____ Plan 1 _____ Plan 2 _____ Hybrid

Signature of Person Completing Form

Name of School System/Employer

Print Name

Employer Address

Title

Telephone Number

Date