HATTIESBURG PUBLIC SCHOOLS
301 Mamie Street
Hattiesburg, MS 39401
Phone: 601.582.5078
Website: hattiesburgpsd.com

TO: _____

DATE: _____

I have been requested to furnish verification of my years of service as an employee at your place of establishment. Please complete the information below and return the form to:

Organizational Support: Dr. Michael Battle, Assistant Superintendent
Hattiesburg Public Schools
P.O. Box 1569
Hattiesburg, MS 39403-1569
Phone: (601) 582-5078 Fax: (601) 582-6654
ATTN: *Kelli Stuckey, HR Personnel Specialist* @ kelli.stuckey@hattiesburgpsd.com

LAST NAME _____ FIRST NAME _____ MIDDLE/MAIDEN _____ XXX-XX- _____
SOCIAL SECURITY NUMBER

SIGNATURE _____

THIS IS TO VERIFY THAT _____ WAS EMPLOYED AT _____ FOR THE FOLLOWING YEARS:

Dates of Employment Beginning Date Mo/day/year	End Date Mo/day/year	**Position**	**Full-time or Part-time**	**Part-time # Hours daily**

Total number of years of employment: _____

Signature of Authorized Official _____ Title _____ Date _____

Address: _____ **Phone #:** _____ SEAL