

**OLDHAM COUNTY BOARD OF EDUCATION
PERSONNEL OFFICE
6165 W. Hwy. 146, Crestwood, KY 40014
VERIFICATION OF TEACHER/ADMINISTRATIVE EXPERIENCE**

_____, XXX-XX-_____ (Last 4 Social Security Number), is being considered for employment in the Oldham County Schools. This applicant has indicated that he/she was employed by your company or school system. (DATES) _____ to _____.

Please complete the form below to verify this employment and return to the above address, fax (502) 241-3211, or email to heather.morgan@oldham.kyschools.us

Position(s) Held: _____

Company Name/School System: _____

Last Name When Employed in your District: _____

(Information below to be completed by company or school district representative).

MONTH & YEAR	POSITION	# OF DAYS WORKED (i.e., 12 months = 260 days)	SCHOOL/DEPT.
20____ to 20____			
20____ to 20____			
20____ to 20____			
20____ to 20____			
20____ to 20____			
20____ to 20____			
20____ to 20____			
20____ to 20____			
20____ to 20____			
____ to ____			

If Verification is from a Kentucky Public School system, please indicate the number of accumulated Sick Leave Days: _____

Contract: Limited ☐ or Continuing ☐ (if continuing, date tenured granted) _____

Signature

Date

Position