

**Verification of Employment**

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Address of Former Employer)

To Whom It May Concern Dear Mr./Ms. \_\_\_\_\_,

Mr./Ms. \_\_\_\_\_, with Social Security Number \_\_\_\_\_

*Name of Former Employee*is now employed ~~within the~~ Ft. Thomas ~~Independent Schools System~~ for the 20 -      school year. This individual indicated s/he taught in your school system. The dates of employment were\_\_\_\_\_ through \_\_\_\_\_. ~~Would you please~~*Month**Year**Month**Year*We are asking your district to verify this information by completing the section ~~form~~ below and returning the form to me-it in the self-addressed, stamped envelope.Thanks in advance for your prompt attention to this request. Please contact me with any questions

Sincerely,

Peggie Hughes | Administrative AssistantFORT THOMAS INDEPENDENT SCHOOLS28 N. Fort Thomas Avenue | Fort Thomas, KY 41075Peggie.Hughes@Fortthomas.kyschools.usPhone | 859.815.2021 Fax | 859.442.4016*Person Requesting Information**Position/Title*

The individual mentioned above taught \_\_\_\_\_ years at \_\_\_\_\_.

*Number**School(s)*Position: \_\_\_\_\_S/he had accumulated \_\_\_\_\_ sick days and ☐ has ☐ has not earned tenure in our district.**OPEN RECORDS REQUEST**

Please provide any information contained in this individual's personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency.

☐ Information enclosed/attached ☐ No disciplinary action on record for this individualComplete by: \_\_\_\_\_(Please print) NameTitleSignature \_\_\_\_\_DateDate