

Verification of Employment**VERIFICATION OF SERVICE CREDIT**

TO (School District): _____

Date: _____

Please complete this form and email _____ or fax to 270.359.5016

_____ Social Security # XXX-XX- has been appointed to a position in Hopkins County Schools. For the purpose of computing salary, please verify length of service as a (please circle) certified or classified personnel in your school system.

Please check yes or no in the appropriate column below to indicate whether or not the school in which the teacher served was accredited by the state or regional accrediting agency.

Please use a separate line for each year of experience. Use additional pages if necessary.

School Year	# Days in School Term	Days Taught	Name of School	Accredited	
				Yes	No

Please indicate the type of contract this person has attained with your school system: ☐ Limited or ☐ Continuing

Number of unused sick days: _____ As of (date): _____

Open Records Request

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

☐ Information enclosed/attached ☐ No disciplinary action on record for this individual

Name/Title of Person Completing Form

Signature

Phone Number

|