

# VERIFICATION OF EMPLOYMENT FORM

Name of Teacher/Employee: \_\_\_\_\_

Date/Year qualified for teaching: \_\_\_\_\_

*This form is to be completed by each school/company/organization where you have spent at least one full year (school year for teaching personnel), whether part-time or full-time after you qualified as a teacher. No salary can be confirmed or paid until this verification has been received.*

To be completed by the Principal/Administrator:

The above named has been employed by this school/district for the period given below:

Month and Year	Month and Year	Position	Total years	Part-time	Full-Time
_____	to _____	_____	_____	_____	_____
_____	to _____	_____	_____	_____	_____

Sick days taken/allowed: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – Please print

\_\_\_\_\_  
Name of School

Address of School \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please stamp with school's official stamp.