


VERIFICATION OF INSTRUCTIONAL & ADMINISTRATIVE EXPERIENCE

SCHOOL BOARD OF NASSAU COUNTY
PERSONNEL SERVICES DEPARTMENT
 1201 ATLANTIC AVENUE
 FERNANDINA BEACH, FL 32034
 FAX 904.277.9039 PHONE 904.491.9877



EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

Please complete this form for the above listed employee and return to the address above. This form **MUST** be signed by either the Superintendent or designee. Electronic signatures are not acceptable.

Please list each school year on a separate line.

EXAMPLE	STATE	PUBLIC Y/N	SCHOOL YEAR	TOTAL DAYS WORKED	TOTAL DAYS IN CONTRACT	EMPLOYMENT STATUS Full/Part Time	CONTRACT STATUS Annual/Prof Svc	EMPLOYEE'S POSITION	SATISFACTORY EVALUATION Yes/No
Fernandina Beach High School	FL	Yes	2017-18	196	196	Full Time	Annual	Teacher	Yes

NAME OF SCHOOL / INSTITUTION	STATE	PUBLIC Y/N	SCHOOL YEAR	TOTAL DAYS WORKED	TOTAL DAYS IN CONTRACT	EMPLOYMENT STATUS Full/Part Time	CONTRACT STATUS Annual/Prof Svc	EMPLOYEE'S POSITION	SATISFACTORY EVALUATION Yes/No

I certify that the above listed verification of instructional experience omits leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the school system certifying this employment.

SIGNATURE OF SUPERINTENDENT OR DESIGNEE

PRINTED NAME

TITLE

ADDRESS

PHONE

DATE

CITY

STATE

ZIP

PLEASE RETURN THIS COMPLETED FORM TO THE PERSONNEL SERVICES DEPARTMENT