

VERIFICATION OF PREVIOUS EMPLOYMENT

TO: _____

_____, SS# _____ has been employed by the Miami County Educational Service Center and has indicated that he/she has past service credit in your district. Experience should be verified by the Treasurer, Superintendent or their designee. Please consult your records and provide the information requested below. Please use one line per each year of experience.

FULL TIME SERVICE YEARS

| Year | # Days | District Name | Title/Position |
|------|--------|---------------|----------------|
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Total full time years experience _____

PART TIME SERVICE YEARS

| Year | # Days | District Name | Title/Position |
|------|--------|---------------|----------------|
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Total part time years experience _____

Was the above-named teacher on a continuing contract in your school district? _____ No _____ Yes

Balance of Accumulated Sick Leave to Transfer _____

Was the sick leave transferred to another school district or agency prior to this request? _____ No _____ Yes

Transferred To: _____

Verified By Signature / Title _____ Date _____

District _____ Address _____ Phone Number _____

Please return to: Attention: Tom Dunn, Superintendent, Miami County Educational Service Center, 2000 West Stanfield Road, Troy, Ohio 45373 or fax to 937/339-3256. Thank you for your assistance.