

VERIFICATION OF EXPERIENCE – NON-INSTRUCTIONAL/ EDUCATIONAL SUPPORT

me:			
First	Middle	Last	(Maiden)
# <u>XXX</u> - <u>X</u>			
			ct. Please provide the information tha
s listed below to assist wi	ith the hiring process. Your inpu	it is greatly appreciated.	
JOB TITLE		>	
BEGIN DATE OF EMPLOYMENT END DATE OF EMPLOYMENT		>	(MM/DD/YYYY)
		>	(MM/DD/YYYY)
PART TIME / FU	LL TIME	>	
HOURS PER DAY	<u> </u>	DAYS PER WEEK	
Brief job description or	attach job description.		
Supervisor's Information			Date:
Signature:	Print:		Fitle:
Company:	Address:		Telephone:

It is the responsibility of each employee to submit his or her Verification of Experience form during his or her first year of employment. Retroactive pay will only be processed if the form is received within the *first year.

Key: *within the employee's "contracted school year"

PLEASE RETURN FORM TO

ST. JOHNS COUNTY SCHOOL DISTRICT

ATTENTION: PERSONNEL SPECIALIST

40 ORANGE STREET

ST. AUGUSTINE, FL. 32084

904-547-7500 (OFFICE) / 904-547-7555 (FAX) or hrvoeforms@stjohns.k12.fl.us