

TALBOT COUNTY PUBLIC SCHOOLS
Human Resources Department
12 Magnolia Street, P.O. Box 1029
Easton, Maryland 21601

SUPPORT STAFF
VERIFICATION OF PREVIOUS EMPLOYMENT

I have been employed by Talbot County Public Schools. Since my final salary determination will depend upon verification of previous employment, please complete Part II of this form and return it to Talbot County Public Schools in the envelope provided at your earliest convenience.

NAME _____

SS No. (Last four digits) _____

 Employee's Signature

 Date

PART I – TO BE COMPLETED BY EMPLOYEE

DATES OF EMPLOYMENT	POSITION	SCHOOL/WORK LOCATION

PART II – TO BE COMPLETED BY PREVIOUS EMPLOYER

DATES OF SERVICE *		TYPE OF EMPLOYMENT			POSITION
FROM MO/DAY/YEAR	TO MO/DAY/YEAR	CHECK APPROPRIATE COLUMN			
		FULL TIME	PART TIME (Specify)	TEMPORARY (Specify)	

* 10 MONTHS = 1 YR FOR INSTRUCTIONAL ASSISTANTS AND FOOD SERVICE WORKERS
 12 MONTHS = 1 YR FOR SECRETARIES, CUSTODIANS, AND MAINTENANCE STAFF

This section: Applicable _____ Not Applicable _____

IN ACCORDANCE WITH MARYLAND SCHOOL BYLAW 632.2, PLEASE INDICATE BELOW THE NUMBER OF DAYS OF UNUSED SICK LEAVE (ACCUMULATED AFTER AUGUST 31, 1966) BY A FORMER EMPLOYEE OF YOURS WHO IS NOW EMPLOYED BY TALBOT COUNTY PUBLIC SCHOOLS.

Number of accumulated unused sick leave: _____

Signature: _____

Date: _____

Position: _____

Phone No. _____

Employer: _____

Email: _____

Address: _____