

Anderson School District One

P.O. Box 99
Williamston, SC 29697

Dr. R. Wayne Fowler, Superintendent

Telephone: 864-847-7344/864-235-8768

Fax: 864-847-3543

www.anderson1k12.sc.us

Teacher Verification of Previous Employment and Leave Balance

Employee Section:

I agree to have the information listed below, regarding my previous employment, released to Anderson School District One.

Signature

Printed Name

Date

SSN

Please sign above to authorize the release of the following information and send a copy to each of your previous employers.

Previous Employer Section:

This is to verify that the individual listed above was employed as a teacher with

_____ from _____ until _____.

For the 200_-200_ school year this individual:

was employed with us _____ paid contract days; and

worked a full time equivalence of _____; and

pay was based on _____ years of experience and a Class _____ teaching certificate; and

had an ending leave balance of _____ days.

Signature

Title

Date

Please send original copy of teacher's certificate along with this form and return to the address above. Thank you very much for your help with this process.

Sincerely,

Tami Bishop

Tami Bishop
Payroll Administrator