



# SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Office of Human Resources

Lisa A. Wade, Chief Human Resources Officer

## VERIFICATION OF PAID PRIOR SERVICE

Current Date: \_\_\_\_\_

To Whom it May Concern:

I have recently been employed as a \_\_\_\_\_ by the Syracuse City School District. One of the requirements of my employment is providing verification of my previous paid experience and/or tenure. Please complete the information requested below and submit to the Syracuse City School District on my behalf.

Employee Signature: \_\_\_\_\_

*Please complete your personal information, forward to your previous employer.*

Personal Information (Completed by Teacher)	
Full Name	
Maiden Name	
Social Security Number	
Dates of Employment	
Position(s) Held	

Prior Experience (Completed by Previous Employer.)									
Institution (Public/Private)	Date Began (M/D/YY)	Date Ended (M/D/YY)	Hours Worked (PT/FT)	Position Title	Certified (Y/N)	Tenured (Y/N)	Tenure Area	APPR Rating*	School Yr. (YY/YY)

\*Rating: (H) Highly Effective, (E) Effective, (D) Developing and (I) Ineffective

*I certify that the above information is correct according to the records of this and/or any other records available.*

Agency Name									
Address: (Street, City, State & Zip)									
Authorized Personnel					Position				
Authorized Signature									
Phone Number	( )			Fax Number	( )				

STATEMENT MUST BE NOTARIZED WITH SEAL:  
Subscribed and sworn to before me

County of:  
State of:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**When form has been completed, please mail to Office of Human Resources at address below.**

Form Revised: December 2021