



SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

Office of Human Resources

Timothy Manning, 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 Updated: November 2025