

Classified Experience Verification

TO BE COMPLETED BY OCSB EMPLOYEE

TO BE CO	MII EETED DI CCOD I	MII LOILL		
Name: (Last, First MI)	ne: (Last, First MI) Last four digits of Social		Today's Date:	
OCSB Position:	Position: Position Held with Pre- Employer:		Approximate Dates of Employment:	
Authorization is granted to provide informat OCSB Employee Signature:	ion to Okeechobee Coun	ty School Board	as requested on th	is form.
I have been employed by Okeechobee County of determining my salary. Please verify my dates returning this form directly to the address beloinformation. Thank you for your assistance.	of employment and posi	tion(s) held bel Iy salary placen	ow. Your promptne	ess in
	nan one job with you, please	e separate each jo	b below. <mark>experience credit.</mark>	
Previous Employer and Address:				
Job Title		Service Began Mo/Day/Yr	Service Ended Mo/Day/Yr	Status FT/PT
Duties/Responsibilities:				
Job Title		Service Began Mo/Day/Yr	Service Ended Mo/Day/Yr	Status FT/PT
Duties/Responsibilities:				
Company Name:				
Authorized Signature:		Date	:	
Printed Name:	Contact		:: reverification)	
Institution Seal or Notary Certification Required State of County of The foregoing instrument was acknowledged before me, 20	OCSB OFFICE USE ONLY Received: Effective: ve on this Years Granted: New Step: Pay Grade:			
who is personally known to me or who has producedas identification.	☐ Not aligned to current job duties ☐ Maximum years granted			
Notary Signature & Seal Reviews		ed by:		

Return completed form to: