

**Okeechobee County School Board
Non-Instructional Experience Verification**

Date of Request _____

To:

Return to:

**Okeechobee County School Board
Attn: Human Resources
700 SW 2nd Avenue
Okeechobee, FL 34974**

Former Employee _____

Social Security # _____ # Yrs. Exp. _____

The above named individual has been appointed as _____
and claims experience in this area with your company. In order to determine the number of
years of prior service, the following information is needed. Please complete all columns,
using one line for each year of employment.

Verification must be received within 90 calendar days from hire date for experience credit.

Job Title	Duties	Employment Dates		# Mos. Worked	Full/Part- time
		From-MM/DD/YY	To-MM/DD/YY		

Signature

Date

Position