

SCHOOL VERIFICATION OF EMPLOYMENT

As superintendent or designee authorized, I verify the employment of the following teacher in the following division/courses.

Date of Request:

Career Tech Division Name

☐

Ag

☐

BMITE

☐

FCS

☐

Health

☐

STEM

☐

T&I

☐

Other

Teacher's Name

Last

First

Middle

Last 4 Digits of Teacher's
SSN

Courses

Program PID or Name of
Teacher Replacing

School / Campus

Administrator's Name

Last

First

Middle

Administrator's Title

Administrator's Phone

Administrator's Email

Comments: