

Safety, Sanitation and Casualty Inspector Certification
Letter of Employment Verification
Florida School Plant Management Association

Name			
Address			
City		State	
		Zip Code	
Employer:			
Employer Address:			

Employment Period and Title	The above applicant has been employed by our educational system from _____ to _____. in the following positions:			
	Position 1:		Dates:	
	Position 2:		Dates:	
	Position 3:		Dates:	

Job Function:	Please describe in full detail the responsibilities of the applicant. Attach job descriptions if necessary to answer fully.

Affidavit	To the best of my knowledge, and our employment records, I hereby attest that the above information is true and correct.		
	Name of person supplying information: 		
	Official Title of Respondent (Supervisor): 		
	Supervisor's Signature: _____	Date:	