

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
COMPENSATION AND HUMAN RESOURCES INFORMATION SYSTEMS (HRIS)

Please submit to:
 Director, Compensation and HRIS
 7720 West Oakland Park Blvd., #101A
 Sunrise, FL 33351-6704
 Fax: 754-321-0138

VERIFICATION OF EMPLOYMENT

TO BE COMPLETED BY THE EMPLOYEE

I request my former employer to release information on my employment and will not hold my former employer liable for this information

Employee's Name: (Please Print)

Social Security Number:

Employee's Signature:

Employment Date	
Start Mo/Yr.	Termination Mo/Yr.
_____	_____

You may duplicate this form as needed.

The employee listed above is applying for employment experience credit in accordance with our vacation and retirement policies. (A copy of the job description(s) or a brief statement of the qualifications and performance responsibilities would assist us in evaluating the work experience applicable to credit.) Please provide the following information.

TO BE COMPLETED BY PREVIOUS EMPLOYER

Organization's Name and Address

(Area Code/Telephone No.)

Position(s) Held	Dates	Major Responsibilities

Position(s) Held	Dates	Major Responsibilities

Signature of Employer

Title

Date

Name (printed or typed)