



**Winchester Public Schools**  
**12 N. Washington Street**  
**Winchester, VA 22601**  
**Fax: 540-723-0137**

*VERIFICATION OF EMPLOYMENT*

TO WHOM IT MAY CONCERN:

The employee listed below has been employed by Winchester Public Schools. In order that we may transfer his/her sick leave and compensate him/her accurately, we ask your cooperation in furnishing the following information. Please complete this form and return it within ten days to the address shown above. Thank you for your prompt attention to this matter.

This is to verify that \_\_\_\_\_; social security number \_\_\_\_\_  
 was employed with \_\_\_\_\_ for the following period(s).

RELEASE: I hereby authorize the release of the requested information:

\_\_\_\_\_  
 (Signature of Employee) Date: \_\_\_\_\_

Dates of Employment	Name of School	Grades/Subjects	Position Held	Full/Part-time	Number of Days

WAS THE SCHOOL/SCHOOL SYSTEM/FACILITY ACCREDITED AT THE TIME THE ABOVE WAS EMPLOYED?

YES \_\_\_\_\_ NO \_\_\_\_\_ ACCREDITING AGENCY: \_\_\_\_\_

**VIRGINIA SCHOOL SYSTEMS ONLY:**

A. Amount of accumulated \_\_\_\_\_ sick leave days for which the employee was not paid at the employee's termination on \_\_\_\_\_(date).

B. Continuing Contract Status Achieved: \_\_\_\_\_YES \_\_\_\_\_NO  
 If yes, year in which Continuing Contract Status effective: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Completing Form

\_\_\_\_\_  
 Name of School System/Employer

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Title

\_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number