



**Winchester Public Schools
 Attn: Personnel Department
 598 N. Kent St.
 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 or fax number 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	Grade/Subject	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 DIVISIONS ONLY:

- A. Amount of accumulated sick leave days for which the employee was not paid at the employee's termination on _____ (date). _____ Days / _____ Hours
- 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

 Employer Address

 Title

 Telephone Number

 Date