

THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA
Verification of Administrative Experience – Not Requiring a FL DOE Certificate

Name of Employee _____ Address _____

School/Department _____ Position with Hernando County _____

*NOTE: I understand that only full time, or part-time equivalent if position offered is part-time, like experience will be considered and this experience **MUST** be listed in the General Employment History of the Employment Application to receive credit. I also understand that any false, incomplete or misleading information given by me on this form, regardless of when it is discovered, is sufficient cause for rejection of my application or termination of my employment with the Hernando County School District.*

Employee Signature: _____

TO: Previous Employer (Name of Company) _____
 Address _____
 Phone _____ Fax _____

From: Human Resources Department
 Hernando County School District
 919 North Broad Street
 Brooksville, FL 34601

The above named person has been hired with the School District of Hernando County. The School District recognizes, and additional salary may be paid for, creditable years of related full time work experience. Please assist this employee in receiving experience credit by completing this form to indicate the length of employment and job functions this employee was responsible for while employed with your organization. Return original completed form to **Hernando County School District, Human Resources Department, 919 North Broad Street, Brooksville, FL 34601. No faxes or emails will be accepted.** Thank you for your assistance.

Please use a **SEPARATE LINE** for each year and complete **ALL** columns. **The reverse side may be used if additional space is needed.**

Term of Service						Number of Days Worked Per Year	Number of Hours Worked Per Day	Job Title and Brief Description of Duties
From			To					
Mo.	Day	Year	Mo.	Day	Year			

Printed Name and Title of Supervisor _____ Signature of Supervisor or Person Completing this Form _____ Date _____

HCSD – Human Resources Department Use Only	Reviewed and Processed by _____	Date _____
HR Administrator Signature _____	Number of Years Credited _____	Employee ID# _____