

THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA

Verification of **Administrative Experience**

Name of Employee _____ Address _____

School/Department _____ Position with Hernando County _____

The above named person has been hired with the School District of Hernando County. Please assist this employee in receiving experience credit by completing this form to indicate all previous **ADMINISTRATIVE** experience earned 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.

Employee Signature: _____

Please list each year on a SEPARATE LINE.

Name of School	Term of Service in Full Time Administration						Length of School Year (in Days)	Number of Actual Days Worked During School Year	Number of Hours Each Day	Satisfactory Evaluation Received (Yes or No)	HCSD HR office Use ONLY Credit Given
	From Month	Day	Year	To Month	Day	Year					

This employee has received satisfactory evaluations for the above year(s) of service __ Yes __ No If no, please indicate which year(s) were not satisfactory _____

Printed Name and Title of Person Verifying Experience

Signature _____ Date _____

*Please affix School District Seal or stamp in the space below. If seal or stamp is not available, attach your business card or provide note of such on letterhead. Thank you.

District

Address

City State Zip

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