

THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA  
**Verification of Work Experience – Noninstructional / Confidential / Instructional Vocational / Professional – Technical**

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 |                                |                                |   |
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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# _____ |