



To Be Completed by OCPS Employee

To Previous Employer: \_\_\_\_\_

Previous Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am currently employed by Orange County Public Schools. OCPS will take into consideration my employment with you in determining my salary. Please verify my dates of employment and position(s) held below. Your promptness in returning this form directly to the address below will be appreciated. My salary placement is pending receipt of this information. Thank you for your assistance.

OCPS Personnel ID: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #XXX-XX-\_\_\_\_\_ (last 4 digits only)

Position(s) Held at Previous Employer: \_\_\_\_\_

Approximate Date(s) of Employment from: \_\_\_\_\_ to \_\_\_\_\_

I hereby authorize you to supply the information requested herein to Orange County Public Schools.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(To Employee: Falsification of records to receive compensation to which you are not entitled may result in dismissal.)

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If employee held more than one job with you, please separate each job below.

• Job Title: \_\_\_\_\_  Full-Time or  Part-Time

Dates: From: mm / dd / yy To: mm / dd / yy

Duties/Responsibilities: \_\_\_\_\_

• Job Title: \_\_\_\_\_  Full-Time or  Part-Time

Dates: From: mm / dd / yy To: mm / dd / yy

• Job Title: \_\_\_\_\_  Full-Time or  Part-Time

Dates: From: mm / dd / yy To: mm / dd / yy

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

(Required for reverification)

Return completed form to: Orange County Public Schools, P. O. Box 271, Orlando, Florida 32802, Attn: Compensation Services, FAX: (407) 317-3345, E-MAIL: compensation@ocps.net

OCPS OFFICE USE ONLY: Date Received, Effective, New Rate, Years Granted, Job Family, Denied, Reason, Reviewed by