



Verification of Job-Alike and/or Experience Educational Support

MIS 5128
Rev 9/15

Human Resources Department
School District of Okaloosa County
120 Lowery Place, S.E.
Fort Walton Beach, Florida 32548-5595

TO BE COMPLETED BY EMPLOYEE

TO: _____ Previous Supervisor	FROM: _____ Name of Employee When Previously Employed
_____	_____
Employer and/or Florida School District	Current Name if Different From Above
_____	_____
Employer's Business Address	Last 4 of SSN Dates of Employment
_____	_____
City, State, Zip	Position Held
_____	_____

The employee named above currently holds a position as _____ in Okaloosa Public School District. In order to receive credit for job-alike and/or Florida Public School experience for salary purposes, it is necessary to have previous employers verify (1) dates of employment (excluding unpaid leave) and (2) types of job tasks/performance responsibilities they actually performed. Please complete the section below and return this form. Thank you for assisting this employee and the school district in this effort.

NOTE TO EMPLOYEE: If you transfer to another job (i.e. bus driver to custodian), your job alike experience does not transfer. Further verification would be needed for the second position.

TO BE COMPLETED BY THE PREVIOUS EMPLOYER/SUPERVISOR

This is to verify that the individual named above was employed in the position of (give title) _____ with the employer named above. The tasks/performance responsibilities performed were: (list major tasks/responsibilities).

Please return this form to the Human Resources Department when complete.

1. _____
2. _____
3. _____
4. _____
5. _____

Dates of employment: (do not include extended unpaid leave of absence)

FROM: _____	TO _____	= _____
MM/DD/YYYY Hrs/Day-Week	MM/DD/YYYY Hrs/Day-Week	Total Months
FROM: _____	TO _____	= _____
MM/DD/YYYY Hrs/Day-Week	MM/DD/YYYY Hrs/Day-Week	Total Months
FROM: _____	TO _____	= _____
MM/DD/YYYY Hrs/Day-Week	MM/DD/YYYY Hrs/Day-Week	Total Months

NOTARY REQUIRED

Supervisor/Employer Name & Title (please print)

Signature of Supervisor/Employer

Phone

Date

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____

20____. By _____, personally known _____

OR produced identification _____. Type of ID _____

Notary Seal:

For Personnel Department Use Only

Total Florida Public School Experience _____ Total Job-Alike (non-Florida Public School) _____

Total Years approved for salary placement _____ Highest degree verified - HS AA BA MA _____ Initial/Date _____