

Surry County Public Schools

Human Resources Department

45 School Street • P.O. Box 317 • Surry, Virginia 23883 **Telephone:** (757) 294-5229 • **Fax:** (757) 294-3534

Verification of Teaching/Counseling/Social Worker Experience

<u>Section</u>	1: (To be completed by En	nplovee)			
	school division verifying your expe				
TO: Name of School Division					
	Address				
C	ity, State, Zip Code				
determine	en requested to furnish verification of s my annual salary with Surry County l form and email it to renita_bailey@su Surry County Public Schools, Attn: Re	Public Schools. Therefor arryschools.net. This for	re, please complete Section m may also be mailed to		
Employe	e's Name:				
	-)- C:				
Social Se	curity Number (last 4 digits)X	XX-XX			
	hile Employed (if different):				
Section ool Term	2: (To be completed by Ve	Start Date	End Date	Days Under	
	1 osidon 11cid	Month/Day/Year	Month/Day/Year	Contract	
	* * * * 777	11 1 1	* * *		
	"""Please attach add	ditional sheets if nec	essary """		
<u>CONTRA</u>	CT STATUS (<i>Please check one</i>):	Probationary	"OR" Continuing		
SICK LEA	VE TRANSFER (Virginia Public Scho	ools Only): This is to c	ertify that the above nam	ed	
teacher ha			ransferring to Surry Cou		
Public Sch	nools (State of Virginia Only).			•	
<u>NUMBER</u>	OF PRIOR YEARS SERVICE comp	oleted in other Divisions	this employee was given cr	edit for	
before start	ing with your Division	<u> </u>			
Certified	By:	School Division	ı:		
Title:		Address:			
-		TN1			

Please email or mail this form to: (email is preferred)

 $renita_bailey@surryschools.net$

"OR"

Surry County Public Schools, Attn: Renita Bailey-HR, P.O. Box 317, Surry, VA 23883

