



Surry County Public Schools

Human Resources Department

45 School Street • P.O. Box 317 • Surry, Virginia 23883

Telephone: (757) 294-5229 • Fax: (757) 294-5263

Verification of Experience (Support Staff)

Section 1: (To be completed by Employee)

TO: Name of School Division _____
Address _____
City, State, Zip Code _____

*I have been requested to furnish verification of my prior service in your school division.
This verification determines my annual salary with Surry County Public Schools.
Therefore, please complete Section 2 of this form and email it to
renita_bailey@surryschools.net. This form may also be mailed to
Surry County Public Schools, Attn: Renita Bailey-HR, P. O. Box 317, Surry, VA 23883.*

Employee's Name: _____
Employee's Signature: _____
Social Security Number: _____
Name While Employed (if different): _____

Section 2: (To be completed by Verifying Division)

School Term	Position Held	Start Date Month/Day/Year	End Date Month/Day/Year	Days Under Contract

*****Please attach additional sheets if necessary*****

SICK LEAVE TRANSFER (Virginia Public Schools Only): This is to certify that the above named employee has _____ days/hours accumulated sick leave which we are transferring to Surry County Public Schools (State of Virginia Only).

Certified By: _____ School Division: _____
Title: _____ Address: _____
Date: _____ Phone: _____

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

