

**VERIFICATION OF PREVIOUS EMPLOYMENT**

**PART A** (*faculty completes*)

\_\_\_\_\_ Signature

Print or type name \_\_\_\_\_

Phone number of School/District: \_\_\_\_\_

Name of School/District: \_\_\_\_\_

Address of School/District: \_\_\_\_\_

Dates of Employment with verifying School/District: \_\_\_\_\_

**PART B** (*School/District completes*)

This document verifies that the employee whose signature appears above was employed in a position as a regularly/temporarily employed faculty/administrator on a full or part – time basis. Please fill in the beginning and ending dates for each year of employment and indicate the exact number of days paid. Do not include student teaching, substitute teaching, tutoring, interning, leave of absence periods, or other work done outside of regular employment. Use the reverse side of the form if more space is needed.

| POSITION | DATES OF EMPLOYMENT | FT/PT | NUMBER OF DAYS |
|----------|---------------------|-------|----------------|
|          |                     |       |                |
|          |                     |       |                |
|          |                     |       |                |
|          |                     |       |                |
|          |                     |       |                |
|          |                     |       |                |
|          |                     |       |                |

\_\_\_\_\_ Signature & Official School Seal/Stamp

Name of Official \_\_\_\_\_

Official Position: \_\_\_\_\_

Dated: \_\_\_\_\_

Name & Address of Verifying School/District: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please scan the completed form and e-mail to [velivasakia@acs.gr](mailto:velivasakia@acs.gr).