



Verification of Employment

Office of Human Resources and Development
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

MCPS Form 460-29
March 2012

To Whom It May Concern:

Since my salary will be determined by my years and months of verified teaching experience, I would appreciate you completing the form below and forwarding it within five days to: *Office of Human Resources and Development, Montgomery County Public Schools, 45 West Gude Drive, Suite 1100, Rockville, MD 20850.*

Sincerely yours,

(Complete name—include maiden name)

PART I: TO BE COMPLETED BY EMPLOYEE

Name _____
First Middle Maiden Last

Social Security Number _____ - _____ - _____ Dates of Employment: From ____/____/____ to ____/____/____

Dates of Leave of Absence Periods	____/____/____	____/____/____	_____
	<i>From</i>	<i>To</i>	<i>Explanation</i>
	____/____/____	____/____/____	_____
	<i>From</i>	<i>To</i>	<i>Explanation</i>
	____/____/____	____/____/____	_____
	<i>From</i>	<i>To</i>	<i>Explanation</i>

Position(s) _____

Name of School(s) _____

PART II: TO BE COMPLETED BY EMPLOYER

Name of Employee _____

Dates of Employment: From ____/____/____ to ____/____/____
mm dd yy mm dd yy

Total length of time employed: Years _____ Months _____

Position Held _____ Full Part-time Must state hours per day _____

Do you verify that this individual has had satisfactory teaching experience? _____

Final Salary or Hourly Wage \$ _____

If period of employment included any extended period of leave or substitute teaching, please explain. _____

College/University teaching experience:

Number of classes taught per semester excluding summer and evening sessions _____

Number of contact hours per week per class _____

Number of weeks per semester _____ Number of weeks per quarter (if applicable) _____

Print Name, Employer

Signature, Employer

Position

School System/Employer _____ Date ____/____/____

Address _____