



# MIAMI-DADE COUNTY PUBLIC SCHOOLS NON-TEACHING EXPERIENCE VERIFICATION

M-DCPS EMPLOYEE # (if known)

**CANDIDATE:** COMPLETE THIS SECTION AND SEND TO EACH EMPLOYER FROM WHOM YOU ARE REQUESTING EXPERIENCE.

|   |   |
|---|---|
| _____<br><i>(Former Employer)</i>                 | <b>RETURN ORIGINALS (NO COPIES/FAXES)</b><br><br><b>TO: MIAMI-DADE COUNTY PUBLIC SCHOOLS</b><br><br>Compensation Administration<br>1450 NE 2nd Ave., Suite 621<br>Miami, FL 33132 |
| _____<br><i>(Address)</i>                         |   |
| _____<br>   |   |
| _____<br><i>(City) (State/Country) (Zip Code)</i> |   |

EMPLOYEE NAME: \_\_\_\_\_, SSN \_\_\_\_\_, has been employed by Miami-Dade County Public Schools, Miami, Florida.

Anticipated assignment with Miami-Dade County Public Schools (e.g., Therapist, Vocational Teacher, Science Teacher, etc.):  
\_\_\_\_\_.

**TO BE COMPLETED ONLY BY FORMER EMPLOYER:**

Verification of work experience is **required** for state and county salary purposes.

**INSTRUCTIONS:** Please complete this form as accurately as possible in accordance with your personnel or payroll records. If employee held more than one position use as many lines as needed on the form below. (For questions please e-mail us at [compensation@dadeschools.net](mailto:compensation@dadeschools.net) or (305) 995-7040).

| FROM              |     |      | THROUGH |     |      | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
|-------------------|-----|------|---------|-----|------|---|
| Mo.               | Day | Year | Mo.     | Day | Year |   |
|                   |     |      |         |     |      | Job Position: _____   |
| Job Duties: _____ |     |      |         |     |      |   |
|                   |     |      |         |     |      |   |

| FROM              |     |      | THROUGH |     |      | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
|-------------------|-----|------|---------|-----|------|---|
| Mo.               | Day | Year | Mo.     | Day | Year |   |
|                   |     |      |         |     |      | Job Position: _____   |
| Job Duties: _____ |     |      |         |     |      |   |
|                   |     |      |         |     |      |   |

| FROM              |     |      | THROUGH |     |      | <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time |
|-------------------|-----|------|---------|-----|------|---|
| Mo.               | Day | Year | Mo.     | Day | Year |   |
|                   |     |      |         |     |      | Job Position: _____   |
| Job Duties: _____ |     |      |         |     |      |   |
|                   |     |      |         |     |      |   |

Please provide your Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If appropriate, please verify that this was: self-employment \_\_\_\_\_ family-owned business \_\_\_\_\_ or a firm no longer in business \_\_\_\_\_.

Please print your name: \_\_\_\_\_

|                      |       |      |       |         |
|----------------------|-------|------|-------|---------|
| AUTHORIZED SIGNATURE | TITLE | DATE | STATE | COUNTRY |
|----------------------|-------|------|-------|---------|