

Employment Verification

Please return to:
Georgiana Small, Licensure Specialist
Human Resources
Carteret County Schools
107 Safrit Drive, Beaufort, NC 28516
Phone # 252-728-4583 Fax # 252-504-2743

_____, SS # _____

The above named person is now employed with the Carteret County Schools. Please provide us with the following information and forward to the Office of Human Resources at the above address as soon as possible. Thank you for your assistance.

Dates of Employment

From: _____ To: _____ Position: _____

Payroll/Insurance Information

Leave Balances. Annual _____ Sick _____ Personal _____

(Please specific days or hours)

Retirement # _____

Date of Last Longevity Payment _____

Anniversary Date _____

Insurance. Group Health Plan _____

Coverage Type _____

Coverage through _____

Contract/Licensure Information

Probationary _____ Tenure _____ Date _____

Was employee initially licensed? If yes, please mark one:

Participated 1 yr. _____ 2 yrs. _____ 3 yrs. _____ in the Initial Licensure Program.

If ILP is in progress, please forward portfolio.

Please update renewal credits and forward the Superintendent's copy of the Teaching License. If employee is teaching under a provisional license, please attach relevant documentation (letter stating hours needed and documentation showing completion of credits).

Possible enclosures:

___ ILP Portfolio

___ Longevity Form

___ Effective Teacher Verification

___ Superintendent's Copy of Teaching License

___ Health Certification/Hepatitis B Vaccine

___ Renewal Credits

Authorized Signature & Title _____

Administrative Unit _____ Date _____