



Committed to Your Success

Personnel Department
 PO Box 4754
 Syracuse, NY 13221
 Phone: 315-431-8570 Fax: 315-433-2650
 pdillon@ocmboces.org

VERIFICATION OF PRIOR SERVICE

To Whom It May Concern:

Date: _____

I have recently been hired by the OCM BOCES. Please complete Section II below and forward to: **OCM BOCES, Personnel Department, PO Box 4754, Syracuse, NY 13221.**

 Employee's Name (please print)

 Employee's Signature

Section I – Personal Information (to be completed by employee).

Name: Last	First	MI	Social Security Number:	
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Date(s) of Employment:			Position:	

Section II – Teaching Experience (to be completed by authorized school official).

School District <input type="checkbox"/> Public <input type="checkbox"/> Private	Dates of Service Start (Month/Day/Year)	Dates of Service End (Month/Day/Year)	Total Hours Worked		Position Title	Tenured		Tenure Area
			Part-Time	Full-Time		Yes	No	

I certify that the above information is correct according to the records of this organization and/or any other records which are available.

 Authorized Signature

 Please print name

 Title

 School District or Agency

 Address

 City State Zip

 Phone: Fax: