



The Commonwealth of Massachusetts Department of Education

350 Main Street, Malden, Massachusetts 02148-5023 Telephone: (781) 338-3000

Verification of School Based Employment

Employee's legal name (print) _____

Last

First

MI

Social Security Number _____ Or Educator License Number _____

Employer _____

Employed as follows:

Assignment

Grade Level

From

To

<u>Assignment</u>	<u>Grade Level</u>	<u>From</u>	<u>To</u>

If employment was other than full time please state the Full Time Equivalency. (Ex: Music .5) _____

The above noted employment has been successfully completed as attested by my signature in the role of a:

Please check one

Superintendent

Principal

Head Administrator

Signature _____

Date _____

Telephone number (____) _____ - _____

Note: The Department may contact you if any clarification is needed.