



# Request for Employment Verification

## LPPS Office Use Only

Years Verified: \_\_\_\_\_ Sick Leave: \_\_\_\_\_  
 ESL remain : \_\_\_\_\_ ESL began: \_\_\_\_\_  
 Maternity ESL remain: \_\_\_\_\_  
 H/R initial verification: \_\_\_\_\_  
 Payroll initial verification: \_\_\_\_\_

To: \_\_\_\_\_  
 (School District)

Re: Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize my former and/or current employer to release any and all information required below.

**EMPLOYEE SIGNATURE**

The above individual has been employed by Livingston Parish Public Schools. In order to allow credit for any full-time experience, please complete the following:

**Use a separate line for each school year. Do not give credit for day to day substituting or student teaching. Make additional copies, if necessary.**

SCHOOL YEAR	POSITION HELD	SUBJECT AND GRADE(S) TAUGHT	SCHOOL	FULL OR PART TIME	# DAYS WORKED	# DAYS IN SESSION

**This section applies only to parish or city public schools in Louisiana:**

Number of accumulated regular sick leave days remaining as of last day of employment: \_\_\_\_\_ days.

Number of **"extended sick leave"** days remaining as of last day of employment: \_\_\_\_\_ days. Beginning date of six year ESL period: \_\_\_\_\_

Beginning with 2012/2013 school year, were any ESL days used for maternity leave: \_\_\_\_\_. If yes, number of ESL days used for maternity leave: \_\_\_\_\_ days.

Was there an interruption in service during this six year period? \_\_\_\_\_ If yes, explain documented circumstances and dates of interruption: \_\_\_\_\_

Total number of school years taught in your system: \_\_\_\_\_ School System is accredited by: \_\_\_\_\_

**The above named individual was employed in our school system as verified above.**

Printed Name and Title: \_\_\_\_\_  
 School System: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**RETURN ORIGINAL TO:**  
 Livingston Parish Public Schools  
 Human Resources Department  
 P. O. Box 1130  
 Livingston, LA 70754

Signature \_\_\_\_\_ Date: \_\_\_\_\_