

VERIFICATION OF OUT-of-COUNTY EXPERIENCE

(North Carolina State Agency Experience Only)

Fax:	704-866-6 1		resources@gaston.k12.		"h 37-01	
Full Name:			Last 4 digits of SSN:			
Dates of Employment				Start		
Dates of any b	reak in ser	vice:				
Leave Balance	<u>::</u>					
Annual Leave Day			Sick Leave Days			
Personal Leave Days			Bonus Leave Days			
Benefits Infor	mation_					
PPO 70/30 🗆		PPO 80/20 □	CDHP□	NA 🗆		
Covered through		Retirement Number				
Longevity Info	ormation_					
Current Anniversary date			YearsMonths			
Date of Last lo	ngevity pa	yment				
Contract/Cert	ification In	<u>formation</u>				
Type of Contra	act:	Career Probat	ionary 🗌 Dat	te tenured, if applicable		
form. If emplo	oyee is tead		in-field license, please a	copy of the teaching license alo attach relevant documentation (-	
BT Participati Please verify E		tion below and submit wr	itten documentation (ev	valuations, IGP, etc.)		
	DATE	SUBJECT/GRADE	IN LICENSE AR	REA NOT IN LICENSE AREA	COMPLETED	
BT-1						
BT-2						
BT-3						
Data Liaanaa F		at a colonositate of	Lianna Ama	Data Farms C.C. In mailth and	to DDI	
Date License Requirement submitted In License Area Enclosures				□V# Aggregate Service (Lon	V# Aggregate Service (Longevity) Form	
<u> </u>		Superintendent's Copy of	of Teaching License	☐ETT Verification		
		Superintendent's Copy o				