



**Jefferson County Schools  
110 Mordington Avenue  
Charles Town, WV 25414**

**TEACHER / SERVICE PERSONNEL RECORD**

**Teacher's Name** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_  
*(Please include previous names that may have been used at time of employment)*

I, \_\_\_\_\_, do hereby grant permission to release information requested below regarding my employment in the \_\_\_\_\_ School system.

Please list experience based on fiscal year (July 1 - June 30)

**Teacher's Signature:** \_\_\_\_\_ *\*133 days is equal to 1 year of experience*

School Year	State	County or District	Name of School	Subject(s) Taught	Grade Level	Number of Days* Taught

I hereby certify that the information listed above is correct according to our official records.

**FOR WEST VIRGINIA COUNTIES ONLY:**

Accumulated sick leave days transferable: \_\_\_\_\_

Did the above named employee have public employees health/life insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Type of coverage? Single ( ) Married ( ) Life Only ( )

Effective Date: \_\_\_\_\_

**Return form to:** Jefferson County Schools, Human Resources, 110 Mordington Avenue, Charles Town, WV 25414 or **FAX (304) 728-9274**

\_\_\_\_\_  
Signature and Title of Employer

Date \_\_\_\_\_

