

# Asheboro CITY SCHOOLS



*A learning community of excellence!*

Chartered in 1905

P.O. Box 1103, Asheboro, NC 27204-1103 ■ 1126 S. Park St. ■ (336) 625-5104 ■ (336) 625-9238, fax

To: (Former School/NC State Employer) \_\_\_\_\_

Employee Name \_\_\_\_\_ (SS# \_\_\_\_\_) has accepted employment with Asheboro City Schools. Please complete the following and forward to Sherry Hayes in the **Business Office** at the above address.

*I hereby authorize the release of employment verification, leave balances and other information to Asheboro City Schools.*

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY FORMER EMPLOYER:**

**Dates of Employment**

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Hours Per Week \_\_\_\_\_  
Months of employment: **10 month** \_\_\_\_\_ **11 month** \_\_\_\_\_ **12 month** \_\_\_\_\_  
Total state service: **Year's** \_\_\_\_\_ **Months** \_\_\_\_\_ (attach verification)

**Leave Balances (INDICATE HOURS OR DAYS)**

Annual leave balance \_\_\_\_\_ (days/hrs) as of \_\_\_\_\_ Salary/Pay Level \_\_\_\_\_  
Personal leave balance \_\_\_\_\_ (days/hrs) as of \_\_\_\_\_ ORBIT number \_\_\_\_\_  
Sick leave balance \_\_\_\_\_ (days/hrs) as of \_\_\_\_\_ UID # \_\_\_\_\_  
Bonus leave balance \_\_\_\_\_ (days/hrs) as of \_\_\_\_\_

**Longevity Information**

What month would employee normally receive a longevity payment? \_\_\_\_\_  
Was longevity check issues when employee left organization? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If issued, was it a full or partial check? **Full** \_\_\_\_\_ **Partial** \_\_\_\_\_ *If partial, how many months were paid?* \_\_\_\_\_

**Insurance Information**

Member of State Health Plan: **Yes** **No** \_\_\_\_\_ Group Number \_\_\_\_\_  
Type Coverage \_\_\_\_\_ Covered Through \_\_\_\_\_

**Contract/License Information**

Type of contract: \_\_\_\_\_ **Career** (date \_\_\_\_\_) \_\_\_\_\_ **Probationary**  
Beginning teacher information: BT year completed: **1** **2** **3** (circle one)  
BT year successfully completed: **Yes** **No** (circle one)

**Please Forward:**

\_\_\_\_\_ Continuing education report (CEU) \_\_\_\_\_ Health Certificate  
\_\_\_\_\_ Superintendent's copy of Teaching License \_\_\_\_\_ State Service Form  
\_\_\_\_\_ RALC plan (if applicable)

\_\_\_\_\_  
**Authorized Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
\_\_\_\_\_  
**School system** \_\_\_\_\_ **Date** \_\_\_\_\_