It is **YOUR** responsibility to send a separate copy of this form to each of your relevant prior employers. You **WILL NOT** receive credit for any unverified experience. This form must be received from your previous employer within **90** days.



Accrued Sick Leave ______
In State School Districts Only.

STATE OF DELAWARE Indian River School District 31 Hosier Street Selbyville, DE 19975

NO FAX COPIES WILL BE ACCEPTED

(FORM E/NT-R03) VERIFICATION OF NON-TEACHING for Paraprofessionals, Secretaries, Custodial, and Food Service EXPERIENCE

Instructions: The applicant should complete the form and send a **separate form to each former employer** for verification with an addressed, stamped envelope for return to the above address. (This Form Can Be Reproduced)

1.881	NameLast		Middle	Ma	Maiden	
Last		First	Middle	IVIA	Maidell	
Address						
Street or P.O. Box		City	State	Zip Co	Zip Code	
days per week).				v (full-time work, 71/2)	-	
Employment: Start	Employment: End	Employer	Total Hrs.	Work Assignment	Total Months	
Date: Mo./Day/Yr.	Date: Mo./Day/Yr.		Per Day/Wk	Description	Employed for Calendar Year	
Brief description of jol I certify that the informapplication may invali	nation provided in this	s application is corr	ect and true. I und	erstand that the falsifica r revocation of my Para	ation of any staten aprofessional Pern	
Signature of Applicant		Social Security Number				
	l .		Social Secu	irity Number	Date	
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