



VERIFICATION OF EMPLOYMENT

DOE OTM 600-008

Last Revised: 12/04/2019

Former DOE Form(s): N/A

DEPARTMENT OF EDUCATION

Office of Talent Management

Teacher Recruitment

P.O. Box 2360 Honolulu, HI 96804

(CONTRACTED EMPLOYMENT ONLY; EXCLUDING LONG-TERM LEAVES OF ABSENCE, SUBSTITUTE TEACHING)

I hereby authorize the release of the following information regarding my previous employment with your School or School District.

Employee Name (*Print*): _____

Last 4 digits of SSN: _____

Employee Signature: _____

Date: _____

*Information below **must** be completed by an AUTHORIZED OFFICIAL of the school or school district. Please use a SEPARATE line for each year of school service.*

Employee's Name: _____

Last 4 digits of SSN: _____

SCHOOL DISTRICT AND SCHOOL NAME	POSITION TITLE	GRADE(S) AND SUBJECT(S) TAUGHT	DATES OF SERVICE		NO. OF MOS. IN SCH. YR.	NO. OF MOS. TAUGHT*	COMPLETED SEMESTER*		EMPLOYMENT STATUS HRS.		
			FROM	TO			YES	NO	FULL TIME	HALF TIME	NO. OF HRS WORKED PER DAY
			(MM/DD/YY)	(MM/DD/YY)							

REMARKS:

*FOR SERVICE OF 5 MONTHS OR LESS, PLEASE SPECIFY IF COMPLETED SEMESTER.

Please Indicate:

- Public School
- Non-Public School (Include a copy of state approval or accreditation status)

Authorized Official Name (*Print*): _____

Authorized Official Signature: _____

Title: _____

School/District: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel#: _____ Date: _____

MM/DD/YYYY

Return Completed Form To:

Mailing Address: Hawaii State Department of Education
Office of Talent Management
P.O. Box 2360
Honolulu, HI 96804
Attention: Teacher Recruitment

Email Address: Teacher.Recruitment@k12.hi.us

Fax Number: (808) 586-4050