



Halifax County Schools

Office of Superintendent

Telephone: (252) 583-5111

Date _____

_____ has indicated that his/her last year of employment was in your administrative unit.
Please complete the following information and forward to the Personnel Office at the address below as soon as possible.

Full Name _____ **Social Security #** _____

Dates of Employment:

Beginning _____ Ending _____ Annual Leave Balance _____ as of _____
Salary/Leave Information _____ Sick Leave Balance _____ as of _____
Retirement # _____ Personal Leave Balance _____ as of _____

Insurance Information:

State Health Plan (Group #) _____ Member: Yes _____ No _____
Coverage Type _____ Covered Through _____
Other _____

Longevity Information:

Current Anniversary Date _____ Date of last longevity payment (if applicable) _____
Total State Service _____ years _____ months (Attach verification)

Contract/License Information:

Type of Contract: Career _____ (date) _____ Probationary _____

- Please update renewal credits and forward the superintendent's copy of the teaching license to us. If employee is teaching under a provisional license, Please attach relevant documentation (i.e. letter stating hours short and documentation showing completion of credits).

Comments: _____

Was employee initially licensed: _____ (If yes, please mark one of the following):
_____ did not participate in ILP _____ participated 2 years in ILP
_____ participated 1 year in ILP _____ ILP completed & Form C-14 mailed to
licensure section on _____
(date)

If ILP is in progress, please send portfolio.

Has employee completed 30 hour Effective Teacher Training Course? _____ If yes, please enclosed verification.

Possible Enclosure (Please check if enclosed)

_____ Health Certificate _____ ILP Portfolio _____ Superintendents Copy of Teaching License _____ CEU Credits
_____ Effective Teaching Verification _____ Level I Computer Competencies _____ State Service Form (Longevity)

Thank you for your cooperation

Authorized Signature & Title: _____

Administrative Unit: _____ Date: _____

Office of Personnel
P.O. Box 468 * Halifax, NC 27839 * (252) 583-5111
-Equal Opportunity Employer-