

Prior Experience Record
 Eastern Panhandle Instructional Cooperative (EPIC)
 109 S. College Street
 Martinsburg, WV 25401

Date Processed	
Payroll _____	Initials _____
_____ Years Given	

I, _____, do hereby grant permission to release information requested below regarding my employment with _____ . My social security number is _____ .
 (County Board/ELA)

Signature _____

133 days = 1 yr. of experience

<u>Fiscal Year</u> (July 1 - June 30)	<u>County or ELA</u>	<u>Position</u>	<u>Number of Days Worked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

 Signature/Title

 Address

 Telephone Number

For West Virginia Counties Only:

Our records show that _____ was employed in our county school system _____ years and has accumulated _____ days of earned sick leave against which there are no claims and which is transferable under the provision of West Virginia Code 18-7-2a.

Please submit experience verification forms directly to EPIC by fax at 304-267-3599 Attn: HR; by email at sbarnett@wvsc.org; or by mail at 109 South College Street, Martinsburg, WV 25401.