



Statement of Experience

Submit one form to each school system you have previously been employed with.

School District: _____

Address: _____

City, State, Zip: _____

Telephone Number/Fax: _____

Personal Data:

Last Name _____ First _____ Middle _____ Maiden _____

Social Security: _____ Employed: _____
(only provide the last 4 digits)

Degree Held: _____

This section to be completed by former employer:

Began Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Position Held	Grade

(Use reverse side if necessary)

Total Years With System: _____ Public _____ Private _____

Sick Leave Transferred to Henry County Schools: Days _____ Date _____

Insurance: Removed from PEEHIP Portal Yes _____ No _____

Requested Information - Please include the Original Professional Certificate

Signed: _____ Position: _____

Email or Telephone # : _____ Date: _____

Please Return to:

Henry County Board of Education
Attn: Jodi Ennis/Payroll
P.O. Box 635
Abbeville, AL 36310

Contact Information: Jodi Ennis, Payroll

Email: jennis@henryschools.org

Phone: 334-585-2206, ext. 1228

Fax: 334-585-2551