



ahudson@bvps.org

# Bristol Virginia Public Schools

Angel Hudson, PHR

220 Lee Street

Bristol, Virginia 24201

276-821-5610 (Fax) 276-821-5604

Program Director of Human Resources and Data Management

TO: \_\_\_\_\_  
(Name of School Division)

## **ATTENTION: Human Resources Department**

I have been approved for employment with Bristol Virginia Public Schools. My salary will be determined by my years of full-time teaching experience and/or administrative experience. Please complete Part II of this form below and return the form to Angel Hudson, Program Director of Human Resources and Data Management via email at [ahudson@bvps.org](mailto:ahudson@bvps.org) or fax at 276-821-5604.

### **I. Personal Data** *(to be completed by employee)*

I was employed in your school division during the years of \_\_\_\_\_

My name at that time was \_\_\_\_\_

_____ <b>Print Name</b>	_____ <b>Signature</b>
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### **II. Experience Verification** *(to be completed by school division HR department)*

- This is to certify that \_\_\_\_\_ was employed as a full-time contracted teacher and/or administrator in the \_\_\_\_\_ School System during the following terms:

- Session for _____ Days	- Session for _____ Days
- Session for _____ Days	- Session for _____ Days
- Session for _____ Days	- Session for _____ Days
- Session for _____ Days	- Session for _____ Days

- Number of days accumulated sick leave in Virginia to be transferred to BVPS \_\_\_\_\_
- On Continuing Contract (Tenure) \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Date Tenure Received

_____ <b>School Official Signature</b>	_____ <b>School Official Printed Name and Title</b>
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**School Official Email and Phone**