



RETIRED TEACHER VERIFICATION FORM

For retirees outside of Pasco County School System

Part I to be completed by the substitute. After completing Part I, please forward to the employer from which the substitute retired. Former employer should complete Part II.

PART I

Employee ID:	Social Security #:
Name:	Former Name:
Address:	Phone #:
Is this address your PERMANENT address to be used by the system? <div style="display: flex; justify-content: space-around; width: 100%;"> YES NO </div>	Date of Retirement:
Signature:	Date:

PART II

Job Title at Time of Retirement:
Date of Retirement:
Years of Service:

I certify that the above former employee information provided is accurate and that the information was taken from the official records. Return completed form to the **District School Board of Pasco County**.

Name of School District:	District Code:	Phone #:
Name of School Official:	Title:	
Signature:	Date:	
Address:	City:	State: Zip Code:

District School Board of Pasco County
 7227 Land O'Lakes Boulevard,
 Land O'Lakes, FL 34638
 813-794-2147 (FAX)
subcentral@pasco.k12.fl.us