

Haywood County Schools

**Human Resource Office
1230 North Main Street
Waynesville, NC 28786
(828) 456-2400
FAX (828) 456-2438**

If you have been approved for employment with Haywood County Schools and have previous NC State employment, please fill out your name and last four of your SS # and send this form to your previous NC state employers to be completed, signed by their HR department, and returned to us with supporting documents.

_____ SSN XXX-XX-_____ is now employed with LEA 440 Haywood County Schools
To whom it may concern: It will be helpful if your office will complete the following:

Any Employee with Previous NC State Employment
Dates taught/worked in your unit: From ___/___/___ To ___/___/___
Longevity Hire Date: ___/___/___ from what LEA _____ Amount Paid \$ _____ Last Date Paid ___/___/___
Has employee attained Tenure? ___Yes ___No Date granted ___/___/___

NC PROFESSIONAL EDUCATOR'S LICENSE - if applicable
Please update CEU renewal credits and License Information
If employee is teaching under a provisional, temporary or lateral entry license, please attach relevant documentation.

INITIAL LICENSE - if applicable
Was employee initially licensed? ___Yes ___No
If yes, please check one of the following:
___ did not participate in BT program
___ participated one year in BT program
___ participated two years in BT program
___ participated three years in BT program
___ BT program completed
If any BT program participation, please send copies of observation comments and most recent summative evaluation form.

Any Employee with Previous membership in NC Teachers and State Retirement System
Is employee a member of the NC Teachers and State Retirement System? ___Yes ___No Member # _____
Is employee covered by the State Health Plan of North Carolina? ___Yes ___No
Type/Tier of coverage _____ Effective until ___/___/___

ACCUMULATED LEAVE DAYS - Employee Transfer from NC LEA Public School System
Please provide only if transferring from another NC LEA Public School System
*** Accumulated leave will not be accepted from other state agencies
Sick _____ Personal _____ Annual _____ Bonus _____ Misc. _____

If applicable, please forward copies of Transcripts, Test Scores, CEU Credits, & Aggregate Service Record.

Signed _____
Unit/LEA # _____
Title _____
Date _____

Please return completed form and supporting information to Haywood County Schools, Attn: Cindy Simson
by email csimson@haywood.k12.nc.us or fax 828-456-2438