



NIAGARA FALLS CITY SCHOOL DISTRICT
Human Resources Department
630-66th Street
Niagara Falls, NY 14304
716-286-4225

VERIFICATION OF INSTRUCTIONAL EMPLOYMENT

The teacher named below has been hired by the Niagara Falls City School District. The following information is needed for salary purposes.

Section 1. To be completed by the Employee

It's the Employee's responsibility to ensure this form is returned to the Niagara Falls City School District Human Resource Department within 30 days of Hire Date.

Name: _____ Previous Name: _____ Signature: _____

Section 2. To be completed by the Previous Employer

Please fill one line for EACH school year

School Year	Start Date	End Date	Total Number of Actual Days worked	Total Number of days in school year	Contracted Position or Per diem	Part Time or Full time

Name of School District completing this form _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Signature of person filling out the form _____

Date: _____

Print Name and Title: _____