

WEST MILFORD TOWNSHIP PUBLIC SCHOOLS
46 Highlander Drive
West Milford, NJ 07480
973-697-1700
FAX: 973-697-8351

TO: PERSONNEL/PAYROLL DEPARTMENT OF
_____ SCHOOL DISTRICT

FROM:

RE: VERIFICATION OF CONTINUOUS EMPLOYMENT
(CRIMINAL HISTORY PROCEDURE)

DATE:

We wish to employ _____, Social Security # _____ as a substitute. To comply with State Department of Education approval procedures as established by the Criminal History Review Unit, we must confirm that this candidate has been continuously employed with your district, with no break in service. For confirmation, we would appreciate your completion of the lower section of this document. Thank you for your assistance.

(Name of Candidate)

(Position Held)

Period of Employment: From _____ to _____

I hereby certify the above information is accurate.

(Signature of District Administrator)

Title

Date