OMAHA SCHOOL EMPLOYEES RETIREMENT SYSTEM
OMAHA, NEBRASKA

VERIFICATION OF SERVICE RECORD

This is to certify that the school record of _____ , shows the following periods of school service for
Name of School System (City) (State)

(name) _____ , Social Security Number _____ – _____ –_____

EMPLOYMENT IN PUBLIC SCHOOLS: USE A SEPARATE LINE FOR EACH YEAR OF SERVICE **Date** _____, _____

From			To			Kind of Service	Months for which service contracted	Actual No. of days employed	Check one column			Annual Gross Salary Must Be Provided For Each Year	School
Month	Day	Year	Month	Day	Year				Full time	One-half time but not full time	Less than half time		

THIS BLANK MUST BE SIGNED BY ONE OF THE FOLLOWING:

COUNTY SUPERINTENDENT, CITY SUPERINTENDENT
ADMINISTRATOR, OR PERSONNEL DIRECTOR

(A true statement, made under penalty of perjury)

NAME _____

OFFICIAL TITLE _____

ADDRESS _____

28628