

Pam Norris
Chief Financial Officer
 Reberta Duck
Accounts Receivable Clerk
 Cassie Gordon
Payroll Clerk
 Denise Robinson
Accounts Payable Clerk
 Sonjh Rucker
16th Section Clerk



**Noxubee County School District
 Business Office**
 P.O. Box 540 Macon, Mississippi 39341
 Phone: (662) 726-4527 or 726-4583
 Fax: (662) 726-2809
www.ournctsd.org

**NOXUBEE COUNTY
 SCHOOL DISTRICT**

Washington Cole, Ed. D.
 Superintendent of Education

VERIFICATION OF TEACHING EXPERIENCE/PREVIOUS EMPLOYMENT

TO: OFFICE OF PERSONNEL
 _____ SCHOOL DISTRICT/BUSINESS

I, _____, have been requested to furnish verification of my previous employment as a teacher/administrator/employee in your school system/business. Please complete the verification below and mail, email, or fax to:

Noxubee County School District
 Attn: Cassie Gordon
 P.O. Box 540
 Macon, MS 39341
 Fax(662) 726-2809
 Email: cgordon@noxcnty.k12.ms.us

My name at the time of employment was: _____

Social Security # _____ Telephone # _____

Signature _____

Verification of Previous Employment

This is to certify that _____ was employed in the
 _____ School System/Business as follows:

Year	Position/Subject or grades taught	Length of School in Terms of Months	Total number of months taught	Please check	
				Full Day	Half Day

Signed: _____ Title: _____

Date: _____ Telephone: _____