### **LOW INCIDENCE LIMITED RESIDENCY LICENSE**

Employment Verification

|  |
| --- |
| Last 4 digits of Applicant’s Social Security Number:  LEGAL NAME of Applicant:  First Name       Middle Name       Last Name |

This letter verifies that the applicant listed above has been an employee of the school district for at least one school year.

Name of School/District

Role of Applicant (usually this will be paraprofessional):

Date Employment Began:  

Human Resources Officer Printed Name

Human Resources Contact Email      **OU**

Mailing Address (City, State, Zip):     **RS**