

WANAQUE BOARD OF EDUCATION
973 A RINGWOOD AVENUE
HASKELL, NJ 07420
973-835-8200, ext. 537

TO: Personnel/Payroll Department of:

(School District where Originally Fingerprinted)

FROM: Ms. Donna Cardiello, Superintendent of Schools

DATE:

SUBJECT: Verification of Continuous Employment **(Criminal History Procedure)**

The **Wanaque Borough** School District wishes to employ

_____ as a substitute. In order for our district to be in compliance with the approval procedures for those people who have been previously employed as substitutes as established by the Office of Criminal History Review, this school district must confirm that this candidate has been continuously employed with your district, with no break in service.

Thank you for your assistance in this matter.

(This section to be completed by school district)

(Name of Employee)

(Title of Substitute Position Held)

Period of Employment: From _____ to _____

I hereby certify that the above information that is being provided to the **Wanaque Borough** School District is true.

Signature of District Administrator

Title

Date