

**VIRGINIA DEPARTMENT OF EDUCATION
DIVISION OF TEACHER EDUCATION AND LICENSURE
P. O. BOX 2120
RICHMOND, VA 23218-2120**

**VERIFICATION OF END DATE OF EMPLOYMENT
Retired Teachers and Administrators**

School Division:

Name of School Division Superintendent or
Designee completing form:

REQUIRED INFORMATION	
NAME	
SOCIAL SECURITY NUMBER	
END DATE OF EMPLOYMENT	

This information must be submitted on October 1 and February 1. An electronic copy of this form must be submitted to: Patty S. Pitts, Director of Professional Licensure, Department of Education, P. O. Box 2120, Richmond, VA 23218-2120.