



Verification of Experience for Employees

Employer providing verification must return completed form directly to the employee.

Employee should complete the section below and send to previous employer(s).

Name: (Last, First, Middle, Maiden)	SS#:
Signature:	Date:
Employee address:	
Email:	

**For experience to be considered for current year salary placement, this form MUST be received in Human Resources within 30 Days of initial hire date.
Initial salary step is Step 01 if no previous experience is documented.**

TO BE COMPLETED BY AUTHORIZED OFFICIAL

School / School District: _____ **State:** _____

Accreditation Agency (Required for Consideration of Experience): _____

Employed (mm/dd/yyyy) From	Employed (mm/dd/yyyy) Through	Days Scheduled to Work	Number of Days Worked	Part/Full Time?	Position Title and Grade Level	Teaching Certificate Yes / No Type	Performance Evaluation (Satisfactory/ Unsatisfactory)

I certify that the above listed verification of professional experience omits leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Signature of Authorized Official Date

Print Name and Title of Authorized Official Telephone

PLEASE RETURN COMPLETED FORM TO EMPLOYEE AT THE ADDRESS PROVIDED ABOVE