

Taylor County School District

Verification of Teaching Experience

Employee's Name _____

Social Security Number _____

Please complete the employment verification for the designated employee. List each year separately. When indicating part-time experience, please list number of hours taught per day. Do not list substitute teaching. **Leaves of absences need to be clearly identified.**

School	Dates of Services		Days in full contract	Contract days paid	Status		Hours per day if part-time	State Cert. held		Subject Taught	Grade Level		Public or Private
	Beginning Mo Dy Yr	Ending Mo Dy Yr			Full Time	Part Time		Yes	NO				

FOR FLORIDA EXPERIENCE ONLY: Did this teacher hold a continuing contract or professional service contract? Yes ___ No ___

I certify that all information listed above is complete and correct according to the official records on file in the school system/institution providing verification of employment.

Signature of Authorized Official

Title

Date

SEAL of School Board

Street Address

City, State, Zip Code

If Private School experience is being requested, was the school accredited at the time this employee worked for you? YES ___ NO ___ If yes, by what agency.

Does this person have accrued sick leave to transfer? If so # of hours _____

Return Form to: Taylor County School Board.
Personnel Director
318 N. Clark Street
Perry, Florida 32347