



Division of Human Resources
Verification of Teaching/Instructional Experience

Personal Data: To be completed by employee (please print or type). Send this form to your previous employer.

Name: Jane Doe Last Four Digits of Social Security No.: 111-11-1111

EXPERIENCE

(To be completed by school/district where experience was gained)

List experience gained in public/non-public schools. LIST EACH YEAR SEPARATELY. When indicating part-time experience, please include the number of hours taught per day. DO NOT list substitute teaching experience.

Table with 6 columns: Beginning Date (MM/DD/YY), Ending Date (MM/DD/YY), Name of School, Number of Days Served\*, Full Time, Hours Per Day if Part Time. Includes two rows of sample data for ABC School.

\* Days paid under contract less unpaid leave.

Grade Level(s) of School: Teaching Assignment(s):

I certify that was employed in the public private schools of:

(City), (County), (State)

as: (If person served in more than one capacity, please indicate.)

Authorized Signature:
Name (Please Print): John Doe
Position Title: Supervisor
Address:
Telephone No.:

AFFIX SEAL HERE

FOR ALACHUA COUNTY USE ONLY
Location: Rank:
Contract:
No. Years Credited this Form:
Total Years Credited:
Old Step: Hrly Rate:
New Step: Hrly Rate:
Retro To:
Authorized by:
Date:

RETURN DIRECTLY TO ALACHUA COUNTY PUBLIC SCHOOLS
Division of Human Resources