

Verification of Teaching Experience

This is to certify that						• •		
by								
Curren	t grid placen	nent:	Education (T	ras)	ears of Exper	rience		
Last In	crement Rec	eived on	:	Date	_ Unacc	redited E	xperience Days (Carry	forward):
Period of Employment Indicate commencement and termination date.							Indicate FTE or Substitute Teacher	Number of complete full-time school years or number of days if part-time or a partial year.
уууу	mm	dd	to	уууу	mm	dd		
All box	es must be c	hecked o	ff:					
		dential issu	ued by the	appropriat	e governme	ent authorit	teacher, at all times, was y regulating certification	
	☐ This is to certify that the above experience was not earned while the teacher held a letter of authority or a pre-certification letter.							
		governmer						rriculum approved by the which the school jurisdiction
Authorized Official's Name:							Title:	
Signature:						Da	ate of Completion:	

(Must be signed by authorized representative in HR or Payroll.)