VERIFICATION OF EXPERIENCE – INSTRUCTIONAL

Name: _____ SS # __ __ __ - __ __ - __ __ __ __

First Middle Last

The above referenced individual claims experience in your school system. Please provide this information in the spaces provided below. Use a separate line for each year of experience. Please do not include any time worked as substitute.

SCHOOL YEAR	NUMBER OF DAYS IN TERM/YEAR	NUMBER OF DAYS PAID	NAME OF SCHOOL	GRADE OR SUBJECT	FULL OR PART TIME	HOURS PER DAY

Did the employee hold a valid teaching certificate?	Yes	No
Did the employee perform his/her duties successfully?	Yes	No
Is your school or district accredited?	Yes	No
Name of the accrediting institution		
Public or private institution?		
If private institution, date of accreditation		

What was the employee's contract status upon leaving your county?

(Please circle one) ***Active In-Active Retirement Resignation Termination Non-Reappointed***

SEAL OF THE BOARD

IMPORTANT: SCHOOL BOARD SEAL MUST BE INCLUDED FOR FORM TO BE VALID

____ PLEASE CHECK HERE IF SCHOOL DOES NOT HAVE A SEAL

PLEASE RETURN FORM TO:
ST. JOHNS COUNTY SCHOOL DISTRICT
ATTENTION: PERSONNEL SPECIALIST
40 ORANGE STREET, ST. AUGUSTINE, FL. 32084
904-547-7500 (OFFICE) 904-547-7555 (FAX)

SIGNATURE: _____

TITLE: _____

COUNTY: _____

ADDRESS: _____

_____

PHONE: _____

DATE: _____

It is the responsibility of each employee to submit his or her Verification of Experience form during his or her first year of employment. Retroactive pay will only be processed if the form is received within the first year.