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		

FLORIDA EXPERIENCE ONLY- CONTRACT STATUS AS OF TERMINATION

(IMPORTANT – Please check one)

Annual	Years on Annual Contract		Professional	School Year Awarded		Continuing	School Year Awarded	

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: _____

Form 55 PR-09 (Revised 10/02/15)