



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 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	
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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) / 904-547-7645 (FAX)	SIGNATURE:	_____
	TITLE:	_____
	COUNTY:	_____
	ADDRESS:	_____
	PHONE:	_____
	DATE:	_____