



VERIFICATION OF EXPERIENCE – INSTRUCTIONAL

Name: _____
 First Middle Last (Maiden)

SS # _____ - _____ - _____

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		

<p>SEAL OF THE BOARD</p> <p>IMPORTANT: SCHOOL BOARD SEAL MUST BE INCLUDED FOR FORM TO BE VALID _____ PLEASE CHECK HERE IF SCHOOL DOES NOT HAVE A SEAL</p> <p>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)</p>	<p>SIGNATURE: _____</p> <p>TITLE: _____</p> <p>COUNTY: _____</p> <p>ADDRESS: _____</p> <p>PHONE: _____</p> <p>DATE: _____</p>
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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. *On or before the teacher's last day of school.