



VERIFICATION OF EXPERIENCE – INSTRUCTIONAL

Name: _____ SS # _____
 First Middle Last (Maiden)

The above referenced individual claims instructional experience in your school system. Please list the instructional experience information in the spaces provided below. Use a separate line for each year of experience. Please do not include any time worked as a 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 |
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| 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 select one) **Active In-Active Retirement Resignation Termination Non-Reappointed**

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| <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) or hrvoeforms@stjohns.k12.fl.us</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.

Key: *On or before the teacher's last day of school.