



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

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