



Verification of Employment Form

Complete the information for certified teacher and then submit this page to your employer(s) for completion. Note: A form is required from each School District or Independent School with which the teacher has been employed in the last ten years. (Duplicate if necessary.)

INFORMATION FOR CERTIFIED TEACHER – Please print clearly in dark ink

School/District No: [ ] [ ] School/District Name: \_\_\_\_\_

Educator's Surname: \_\_\_\_\_ Birth Surname: \_\_\_\_\_

Educator's Given Names: \_\_\_\_\_

Position: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Date of Birth (YYYY/MM/DD): \_\_\_\_\_

TO BE COMPLETED BY DISTRICT PERSONNEL – Please print clearly in dark ink

Table with 2 columns: School Year(s), Teaching Load. Rows for Full-time and Part-time.

Table with 3 columns: List each year separately, School Year(s), Number of Days. Rows for Teacher On Call.

School District Personnel Officer: (Please Print) \_\_\_\_\_

School District or Independent School Stamp

Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

December 2013