

Request of Verification of Experience

New Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form and send it to each school district where you have been employed previously as a teacher or administrator..

Please return this form completed by email or fax:

Katie Neighbours

[kneighbours@decaturproud.org](mailto:kneighbours@decaturproud.org)

Fax: 317-856-2229

Phone: 317-856-5265 Extension 18102

***The Indiana State Board of Education has ruled it is necessary for each teacher to have on file in the Office of the Superintendent a certified record of his/her teaching experience, not including substitute teaching. Please begin with your first year of experience and list consecutive years on separate lines, even if you have worked several years in the same corporation.***

***Note: The last employer may verify all teaching experience provided the verification is on file.***

If the following is correct, sign and return.

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| --- | --- | --- | --- | --- | --- |
| School Corporation | County | School Year | Days Worked | Grade or Subject | Signature of Official |
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***This section is to be completed by authorized personnel of corporation last attended:***

I hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has accumulated a total of \_\_\_\_\_\_\_ sick days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Human Resources or Designee Date