Location Number

(For Personnel Services Use)

		THIS PORTION IS TO BE COMPLETED BY THE EMPLOYEE					
INSTRUCTIONA	AL EXPERIENCE VERIFICATION	Name:					
FOR SUBSTITUTE TEACHERS							
		Social Security #:		Approximate Date(s) of			
SHOOL DIG				Employment:			
	The School District of Lee County	By my signature, I hereby authorize release of all information requested below.					
	Attention: Personnel Services						
	2855 Colonial Boulevard						
	Fort Myers, FL 33966-1012	Signature					
THE COUNT							

THE EMPLOYER IS REQUESTED TO COMPLETE THE REMAINDER OF THIS FORM

To Whom It May Concern:

I have been employed by The School District of Lee County, Florida. In order to substantiate my previous employment for salary purposes and/or requirements of the Professional Education Competence Program, please verify my dates of employment below. Your promptness in returning this form directly to the address above will be appreciated. My salary placement is pending receipt of this information.

1. Use a <u>SEPARATE</u> line for each year of experience in any certificated position (administrative or instructional). (Use reverse side if necessary.)

2. Please return completed form to the address above.

Was school Accredited, Licensed, Regulated, etc., during this time? _	Yes	No		
If experience is within the State of Florida, was individual on Continuir	ig Contract or P	rofessional Services Contract?	Yes	No

*School Year MM/YY – MM/YY	*Contract Days in School Year	*Number Of Days Taught	*Was Employment Full-time?	*Hours Per Day If Part-Time	*Public or Private	*Did the employee have satisfactory performance?	*Name of School	*Actual Position Held Subjects and/or Grade Taught
*Required field (must be completed for salary authorization)								

I certify that	/	/	is the original hire date of			under a teacher contract in the School District of			
	Month Day	Year		Name					
			School District Address		DISTRICT SEAL OR NOTARIZATION NECESSARY FOR APPROVAL				
							Sworn to and a	ubscribed before me this day of , 20	
	City		State	Zip	Telephone	AFFIX SEAL	Sworn to and su	abscribed before me thisday of, 20	
						HERE		Signature of Notary Public	
Author	ized Signature		Title	Please Print Name	Date		G () G		
							State of:	My Commission Expires:	