

**VERIFICATION OF BUSINESS WORK EXPERIENCE
FORM PDE 338 VB
Superintendent Commission or Commission Qualification Letter
USE ONE FORM FOR EACH EMPLOYER
PLEASE PRINT OR TYPE USING BLACK INK**

APPLICANTS: Please note the following information in regard to your Social Security Number (SSN)
 DATA REQUIRED BY THE FEDERAL PRIVACY ACT (5 U.S.C. Section 552a note)
 AUTHORITY: 24 P.S. Section 1224.
 PURPOSE: To be used for registration and maintenance of records of all certificated persons as having met work experience qualifications.
 DISCLOSURE: Mandatory. Failure to disclose will prevent further processing of the application.

SECTION I – APPLICANT INFORMATION (to be completed by the applicant)

1. Last Name	First Name	Middle Initial
2. Social Security Number	3. PA Professional ID (PPID)	4. TIMS Application ID

SECTION II- EMPLOYER INFORMATION (to be completed by employer)

Business Name

Address City, State and Zip Code

Telephone Number Extension Email address of contact person

SECTION III - RELEVANT FULL-TIME EXPERIENCE (to be completed by employer)

Beginning Date of Service (Month/Year)	Ending Date of Service (Month/Year)	Position Held (Supervisor, Business Manager, Finance Officer)

SECTION IV-AFFIDAVIT (to be completed by employer)

I verify that this record omits leave of absence periods and that all information is complete and correct according to the official records of the designated school district or institution.

Signature of President, CEO or Designee

Title

Date