ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
DIVISION OF HUMAN RESOURCES
2644 RIVA ROAD ANNAPOLIS, MD 21401
TELEPHONE: 410-222-5061 FAX: 410-222-5600

VERIFICATION OF TEACHING EXPERIENCE

PART A: TO BE COMPLETED BY APPLICANT - PRINT IN CAPITAL LETTERS WITH DARK BLUE OR BLACK INK. YOU MAY PHOTOCOPY THIS FORM TO SEND TO EMPLOYERS. USE ONE FORM FOR EACH EMPLOYER. (SEE INSTRUCTIONS ON BACK OF THIS FORM.)

Last Name: _____ **First Name:** _____ **MI:** ____

Social Security Number:

Former Name(s): _____ **Period of Employment:** _____

BY SIGNING BELOW, I AUTHORIZE MY FORMER EMPLOYER TO COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS LISTED ABOVE.

Signature _____ **Date** _____

PART B: TO BE COMPLETED BY SCHOOL DISTRICT OFFICIAL - PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS FORM TO THE ABOVE ADDRESS AS SOON AS POSSIBLE. THIS INFORMATION WILL BE USED TO DETERMINE EXPERIENCE CREDIT FOR SALARY AND CERTIFICATION PURPOSES. YOUR CAREFUL ATTENTION IS APPRECIATED.

PROFESSIONAL EDUCATOR EXPERIENCE (TO BE COMPLETED BY EMPLOYER)

Name of School District or Institution	Beginning Date of Service (month, day, year)	Ending Date of Service (month, day, year)	Total Hours Worked per Week (Full Time / Part Time)	Position Held PLEASE BE SPECIFIC (e.g. Tchr, Counselor, Supervisor, etc.)		
				Position	Grade/ Subject	Performance Satisfactory? Yes or No

FOR NON-PUBLIC SCHOOLS: The school listed above ☐ is ☐ is not approved by the appropriate state education licensing agency.

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 Superintendent or Designee Title Date

_____
Address City, State and Zip Code Telephone Number