WEST JEFFERSON SCHOOL DISTRICT #253

Official Verification of Certificated Teaching Experience

Ple	ease return th	is form to: \	Nest Jefferson Sch	ool District #2	.53 1256 E	ast 1500 North	n Terret	on, ID 83	450 (2	08) 663-45	542	
PERSONAL	DATA (to be con	npleted by teacher)									
NAME:	Last	First M.I.			SOCIAL SECURITY NUMBER:			INSTRUCTIONS: This form is to determine the placement on the salary Schedule for certificated personnel for employment				
ADDRESS: Street and P.O. Box				City State Zip Code			with West Jefferson School District #253. Please provide the official verification of experience					
Name under which service was rendered, if different from above.				SIGNATURE: - authorizes release of information			under contract, with valid certification, in your district. Substitute experience is not allowed.					
		VE EXPERIENCE (i	to be completed by res _l	oonsible school off	ficial)							
School Year During Which Service was Rendered			Type of			Days in Full Contract	Actual Days	Hours Per Day		Part Time		
Beginning			School	School*	Positi	ion Held	Year	Served	Employed	Full Time	Percentage	
	1											
	1											
	OOL: Public, Private,		No.	1	<u> </u>		Total Experi	onco				
Is school accredited?				□ No			Years			-	Months	
I certify that	the above inform	mation is true and	correct according to ou	ır official records.								
Name of District verifying former employment						Signature of certifying officer						
Mailing address						Title						
Phone Number						Date						