



Salina Public Schools
USD #305
 1511 Gypsum Avenue
 PO Box 797
 Salina, KS 67401

<i>For Office Use Only</i> Teacher ENO: _____ Credentials Verified: _____

VERIFICATION OF TEACHING EXPERIENCE

Teacher's Name: _____ Social Security Number: _____

Last First Middle Maiden

This record is to be used to evaluate the experience of the person indicated above. In order to evaluate this experience ALL information must be completed.
 This information will be used for determining salary increments, retirement credit and/or for teacher certification.

<p>ACCREDITATION STATUS:</p> <input type="checkbox"/> Yes, the school was accredited for the years listed below: Name of Accrediting Agency: _____	<p>NAME AND ADDRESS OF THE SCHOOL</p> <hr/> <p>Name of School</p> <hr/> <p>Street Address City State Zip Code</p> <hr/> <p>Typed Name & Title of Certifying Official</p> <hr/> <p>Signature of Certifying Official (_____) _____ Telephone Number</p>
<input type="checkbox"/> No, the school was NOT accredited for the years listed below:	
<p>CERTIFICATION STATUS:</p> <input type="checkbox"/> Yes, the teacher held a valid State Teaching Credential during the years listed below: State: _____ Validity Dates: _____ to _____ 2 Ltr Code (mm/dd/yy) (mm/dd/yy)	
<input type="checkbox"/> No, the teacher did NOT hold a valid teaching credential during the years listed below:	

USE A SEPARATE LINE FOR EACH SCHOOL AND/OR POSITION AND COMPLETE ALL COLUMNS

State	County	School District or Institution	Dates of Service From MM/DD/YY To MM/DD/YY		Position or Grade Taught	Tenured Yes/No	F.T.E	Contract Days	Number of Days in Full Year

Please verify by using your official seal or stamp in the lower right corner