Location Number _____
(For Personnel Services Use)

INSTRUCTIONAL EXPERIENCE VERIFICATION FOR SUBSTITUTE TEACHERS

The School District of Lee County
Attention: Personnel Services
2855 Colonial Boulevard
Fort Myers, FL 33966-1012

THIS PORTION IS TO BE COMPLETED BY THE EMPLOYEE			
Name:			
Social Security #:		Approximate Date(s) of Employment:	
By my signature, I hereby authorize release of all information requested below.			

Signature

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 SEPARATE 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 Continuing Contract or Professional 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

City | State | Zip | Telephone

Authorized Signature | Title | Please Print Name | Date

DISTRICT SEAL OR NOTARIZATION NECESSARY FOR APPROVAL

AFFIX SEAL HERE

Sworn to and subscribed before me this _____day of ____, 20____

Signature of Notary Public

State of: _____My Commission Expires: _____