THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Employer Verification of Non-Teaching Related Work Experience Credit

Candidate: Complete this section and send a copy to each employer from whom you are requesting a verification of your related past work experience. Note that incomplete forms will not be reviewed by the District. Verification of previous employment must be received no later than four (4) months from the beginning date of employment of any school year to be effective during that school year (Teacher Contract Agreement 19-E). For complete details about how to apply for related work experience credit, visit http://www.broward.k12.fl.us/teacher/employment/ins/salary/work_exp_credit.html.

Last Name (Print)	**First Name (Print)**	**SS/Personnel Number**	**Date**

Choose One:

☐   I am seeking a position.

☐   I have secured a position for: _____ at _____

                                         School Year (i.e. 2013-14)   **Location Name**

Employer: The instructor's step level on the School Board of Broward County teacher salary schedule will be determined based upon your verification of directly related past work experience. You are asked to:

1) Complete this form in its entirety.
2) <u>Attach a job description</u> detailing the responsibilities for the position that you are verifying.
3) Return both this form and the job description to **The School Board of Broward County, Florida, Instructional Staffing Department, 600 SE 3rd Avenue, Fort Lauderdale, FL 33301**.

Business Name: _____

STATUS OF EMPLOYMENT			
List of employment dates:	Month	Day	Year
From:			
To:			

○ Full Time   ○ Part-Time

Average number of hours worked per week _____

Job Title: _____

Employer, Please Attach A Job Description For The Job Listed Above Previously Held By The Applicant

If appropriate, verify that the position was one of the following:

     ○ Family-owned business   ○ A firm no longer in business

     ○ Self-employment (**Note**: self-employment must be verified by accountant/attorney of record)

EMPLOYER INFORMATION

Print Name: _____	Signature: _____
Position Title: _____	Name of Firm / Organization: _____
Telephone Number: ( ) _____	Web site: _____
Address: _____	Date: _____

Notary: