THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Compensation and Human Resources Information Systems (HRIS) 7720 West Oakland Park Blvd, #1014, Sunrise, FL 33351

Verification of Teaching Experience

<u>Candidate</u>: Per the Teacher's Collective Bargaining Unit Agreement in effect 7/1/2014, you may be eligible to receive up to a total of 13 years combined work and teaching-related experience credit. 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).

Candidate: co	emplete this section and	send to your for	mer school di	strict.						
Last Name (Print) Fir		rst Name (Print)		Social Security Number				Date Completing		
Choose One: I am seeking an instructional position. I have secured a position for School Yea			nr (i.e. 2014-15)	at			ocation Na			
instructional fie of service in you Credit for a year day. For this re	didate has applied for an included will be used to compute ur school system. The order of service is only given we ason, we request that you che year of service must be a se	when the period of show the number of isted separately. (S	d on our salary service exceeds of days actually see example belo	s one-half or taught as v	e woul f an an vell as	d request nual cont the contr	that you ractual por	verify his	/her length	
	Г	& RETURNED T	TO THE ABOV	E ADDRE	SS			1 1		
SCHOOL YEAR(S) MMYY MMYY	Name/Address of School		Contractual Days in School Year	*Actual Days taught in School Year		Sta Full Time	tus Part Time	Hours per Week	Position Held	
1989-1990 1990-1991	Broward County Public Schools (Example) Broward County Public Schools (Example)		196 196	173 162		X		37.5 37.5	Teacher Teacher	
*Days paid un	der contract less unpaid	leave and religio	us holidays lea	ve.						
Name of School I	District	Ci	ty		State	(Grade Leve	el(s) of Sch	ool	
					NOTARY:					
Authorized signa	ture	Print Name								
Title	ber									