

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) Attach a job description 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: _____