

VERIFICATION OF PREVIOUS TEACHING EXPERIENCE

_____, SSN # XXX-XX-_____, has been employed by the Washington Court House City School District and has indicated that he/she has previous teaching experience in your school district. I am requesting your assistance in verifying this past experience. Experience should be verified by the Treasurer or his/her designee. Thank you.

Erica Malone, CPA
Assistant Treasurer

Please use one line for each year of experience.

School Year	Position Held	Subject/Grade Taught	Days Per Year

Was the employee on a continuing contract with your district? _____ If yes, date awarded. _____

Please note the amount of sick leave that this employee had accumulated when he/she ended employment with your district if the balance has not been previously transferred to another entity.

_____ **Total number of accumulated sick leave days**

Signature of Official, Title

Date

School District Name and Address:

Please return the completed form to the Washington Court House City Schools at the above address or via fax at 740-335-1245. Thank you.

Note: In order to receive military credit, please provide a certified copy of your DD-214.