Alcorn School District – Teaching Experience Verification Form

P.O. Box 1420 Corinth, MS 38835 * Phone 662-286-5591 * Fax 662-286-7766
*** E-mail kwoodard@alcornschools.org**

This is to verify that _____ , _____ has experience in
(Employee Name) (SSN)

_____ for the year(s) listed below:
(Name of District)

Name of School	State	Position Held	Beginning Date Month/Day/Year	Ending Date Month/Day/Year	Contract Days in Year	Contract Days Employed

Total number of fiscal years employed in your district: _____

If this employee completed the Teach Misssippi Institute (TMI) program indicate completion of the appropriate level:
TMI 1 ☐ TMI 2 ☐

The above School District was fully approved or accredited by _____
(State Department of Education or Association of Colleges & Schools)

Check one of the following: ☐ Public School ☐ Private School ☐ U.S. Government Service Teaching Program

I certify the school experience verification complete on this form omits leave of absence periods. I further certify all information listed above is complete and correct according to the official records in the school system or institution providing this verification of employment.

_____ _____ _____
Authorized Official Signature Title Date