

VERIFICATION OF TEACHING EXPERIENCE

LAST 4 OF SS#: _____

ADDRESS: _____

Phone #: _____

YES **NO**

CIRCLE ONE: PUBLIC/PRIVATE

If YES, Please state the name of the Accrediting Agency: _____

ALL INFORMATION MUST be completed. This information will be used to determine salary increments.

[illegible]

SICK DAYS TO BE TRANSFERRED (ARKANSAS SCHOOLS ONLY): _____

SIGNATURE OF CERTIFYING OFFICIAL: _____

POSITION: _____

DATE: _____

Please forward to the attention of HR Department-Attn: Benita Jones