Parkers Chapel School District 209 Parkers Chapel Road El Dorado, AR 71730

PHONE: 870-862-4641

FAX: 870-881-5092

VERIFICATION OF TEACHING EXPERIENCE

State School or Institution Dates of Service Level Subjects Full/Part RANSFERRED (ARKANSAS SCHOOLS ONLY):	DISTRICT NAME: ADDRESS: Phone #: Was this school accredited	DISTRICT NAME: ADDRESS: Phone #: Was this school accredited for the years shown below?	YES	LAST 4 OF SS#:	# 	CIRCLE ONE:	
dol or Institution Dates of Service Level Subjects Full/Part ANSAS SCHOOLS ONLY): POSITION:	Was this school accredited If YES, Please state the nam	for the years shown below? ne of the Accrediting Agency		NO O		CIRCLE ONE:	PUBLIC/PRIVATE
Ol or Institution Dates of Service Level Subjects Full/Part CANSAS SCHOOLS ONLY): POSITION:	ALL INFORMATION MUST b	e completed. This informati	on will be used to deter	mine salary ir	crements.		
(ANSAS SCHOOLS ONLY):			Dates of Service	Level	Subjects	% of Day Employed Full/Part	Actual Number o Days Worked
(ANSAS SCHOOLS ONLY):							
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(ANSAS SCHOOLS ONLY):							
(ANSAS SCHOOLS ONLY):							
(ANSAS SCHOOLS ONLY):							
(ANSAS SCHOOLS ONLY):	SOV DAYS TO DE TOUR						
	SICK DAYS TO BE TRANSFE	RRED (ARKANSAS SCHOO	LS ONLY):				
	SIGNATURE OF CERTIFYING DATE:	OFFICIAL:	Pos	SITION:		I	

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