

OFFICIAL VERIFICATION OF PROFESSIONAL SERVICES

(Employee must submit to previous employer)

Name: Last, First, M.I.	Social Security # XXX – XX - _____	<p>Instructions</p> <p>This form is used to determine placement on the salary schedule for licensed personnel who have been employed by Jordan School District.</p> <p>We shall appreciate your help in providing the official verification of experience under contract, with a valid license, in your district.</p> <p>Substitute experience is not allowed. Service credit cannot be given without verification of experience.</p>
Address: Street, City, State, Zip Code		
Name under which service was rendered, if different from above	Current School / Work Location	

School Year During Which Service Was Rendered		School	Type of School	Position Held	Days in Full Contract Year	Actual Days Served	Hours Per Day Employed	Full Time	Part Time %
Beginning	Ending								

Is this individual eligible to be rehired in your district?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Experience: _____ Years Months
To your knowledge, has this individual ever had disciplinary action taken against his/her license (reprimand, suspension, revocation)?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is school accredited?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is a license required for position(s) listed above?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS:

District Verifying Former Employment	Signature of Certifying Officer
Mailing Address	Title
Phone Number	Date