



**Flagler County Schools**  
**Human Resources Department**  
 Verification of Teaching Experience

TO: \_\_\_\_\_

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

**FOR: COMPUTING AND VERIFYING TEACHING EXPERIENCE FOR SALARY PURPOSES**

The above named person has been appointed to a position in this school system. Since additional salary may be paid for creditable years of experience, please complete the columns below as applicable. **Do not list substitute teaching experience.**

**PLEASE USE A SEPARATE LINE FOR EACH YEAR AND COMPLETE ALL APPLICABLE COLUMNS.**

Term of Service FROM TO	HRS Per Day (PT Only)	# of Days in School Year	# of Months in School Year	# of Days Worked Per Year	Public or Private**	Name & Address of School

  

<p align="center"><b>**FOR FLORIDA SCHOOL DISTRICTS**</b></p> <p>This will certify that _____ held a <u>signed</u> continuing contract or professional service contract in _____ county, Florida.</p> <p align="center">OR</p> <p>This will certify that _____ did not hold a continuing contract or professional services contract in _____ county, Florida.</p>	<p>I certify that according to our records</p> <hr/> <p>First      Middle      Maiden      Last Name</p> <p>Was employed in the schools of _____ in the position of _____ City _____, as stated herein.</p>
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\*\* If private school experience is being requested was the school accredited?  YES  NO

Dates of accreditation \_\_\_\_\_ Accrediting Agency: \_\_\_\_\_

Was this teacher required to have a State Teaching Certificate for the position experience was gained in?  YES  NO

\_\_\_\_\_  
 Signature of School Official      Typed/Printed Name & Title      Date      Phone Number