

Idaho Falls School District 91

Official Verification of Professional Services

Please return this form to: Human Resources Idaho Falls School District 91 690 John Adams Parkway Idaho Falls, ID 83401 (208) 525-7500

PERSONAL DATA (to be completed by teacher)

| | | | | | |
|---|--------|--|-------|------------------------|--|
| Name | Last | First | M.I. | Social Security Number | <p style="text-align: center;">Instructions</p> <p>This form is used to determine placement on the salary schedule for certificated personnel who have been employed by Idaho Falls School District 91.</p> <p>We would appreciate your help in providing the <u>official verification of experience under contract, with valid certification, in your district.</u></p> <p>Substitute experience is not allowed.</p> |
| Address | Street | City | State | Zip Code | |
| Name under which service was rendered, if different from above. | | Signature - authorizes release of information | | | |

TEACHING/ADMINISTRATIVE EXPERIENCE (to be completed by responsible school official)

| 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 Percentage |
|---|--------|--------|-----------------|---------------|----------------------------|--------------------|------------------------|-----------|----------------------|
| Beginning | Ending | | | | | | | | |
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* Type of School: Public, Private, Denominational

Is school accredited? Yes No

Is certification required for positions listed above? Yes No

Total Experience _____
Years Months

| | |
|--|---------------------------------|
| I certify that the above information is true and correct according to our official records. | |
| Name of District Verifying Former Employment | Signature of Certifying Officer |
| Mailing Address | Title |
| Phone Number | Date |