

(Duplicate this form on School District Letterhead)

**OUT-OF-STATE VERIFICATION OF
TEACHING/ADMINISTRATIVE EXPERIENCE FORM**
(To Be Used By Employing Authority If Reciprocating)

SOCIAL SECURITY NUMBER: _____

This is to certify that _____
(Last Name) (First Name) (Middle Name)

Any other name(s) Used _____

Was employed by: _____

City of: _____ State of: _____

for the period indicated below:

BEGINNING MONTH- DAY-YEAR	ENDING MONTH-DAY-YEAR	POSITION	NUMBER OF DAYS WORKED	HOURS PER DAY	FULL-TIME PART-TIME

SIGNATURE of Employing Authority

DATE

TITLE