

Verification of Experience Request



In order to determine proper placement of the salary schedule, and provide the Utah State Office of Education a year-by-year listing of your experience; **please have your district(s) complete this form and return it to us. Please return via email to HRVOE@slcschools.org**

I authorize release of this information:

Name (*print full name*)

Signature

Social Security #

Assignment*	Beginning Date	Ending Date	Annual Salary	Full-Time	Part-Time**

*If non-teaching assignment, please provide details.

** If Part-time, please specify FTE (Full Time Equivalent)

Comments: _____

Signature of Official

Print Name

Title

District

Telephone

Address

Date