

## Verification of Teaching Experience

**Submit completed form to:**  
 Adams 12 Five Star Schools - Human Resources  
 1500 East 128<sup>th</sup> Avenue, Thornton, CO 80241  
**FAX: 720 972-4072**

**Personal Data** is to be completed by applicant.

Print Name \_\_\_\_\_ Former Name– If Applicable \_\_\_\_\_

Last 4 Social Security # \_\_\_\_\_ Incoming School \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ I authorize the release of information concerning my previous Teaching experience.

HR Date Stamp

**Teaching Experience** is to be completed by the responsible school official. List chronologically each school year or teaching service rendered by the applicant.

School Year During Which Service was Rendered		Name of School	Position Held	*1 Type of School	*2 Accredited		Length of School Term (days)	*3 Actual Days Served	*4 Hours Per Day Employed	Teaching License/Certificate Held		Type of Teaching	
					Yes	No				Yes	No	Full Time	Part Time
Start M/D/Y	End M/D/Y												

- \*1 TYPE OF SCHOOL – for type of school enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institution of High Learning or FGN for Foreign schools.
- \*2 ACCREDITED – A school will be considered accredited only if officially accredited by a state Department of Education, a territorial accrediting association, one of the regional accrediting associations (i.e. Northwest), schools operated by the U.S. and in foreign countries when the school has been accredited by a recognized agency of the U.S.
- \*3 ACTUAL DAYS SERVED – Actual days served should include all paid personal or sick leave taken as work days during the school year. One full year of experience will be granted for a minimum of 90 or more days for a total of four (4) or more hours each day in a continuous assignment in a given school year.
- \*4 HOURS PER DAY EMPLOYED – For an elementary or secondary school indicate the number of hours in a normal work day.

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

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Signature of Certifying Officer \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

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Agency \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Certified verification forms must be received within 90 calendar days of hire date in order for the employee to receive retroactive pay from the hire date. Retroactive pay will not be granted for verification forms received later than 90 days after hire date. Verification forms must be received by Human Resources by the 10<sup>th</sup> of the month, or the 5<sup>th</sup> of the month for June and December, in order for the change to be effective for that month. Responsibility for accurate verification of outside experience shall rest with the individual teacher.**



# Certified Verification of Employment

★ Other than teaching ★

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Print Name \_\_\_\_\_ Former Name – If Applicable \_\_\_\_\_

Last 4 Social Security # \_\_\_\_\_ Incoming School \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ I authorize the release of information concerning my previous experience.

HR Date Stamp

**Service Record** is to be completed by the responsible official. Please use a separate line for each year of service and complete **ALL** fields.

*1 Year during which service was rendered		Position Held	Major Duties	State Licensed	State Certified	*2 Length of work year (days)	*3 Actual Days Worked/Paid	Full-time	*4 Part-time (%)	*5 Total Hours Worked
Start M/D/Y	End M/D/Y									

- \*1 List chronologically each year of service
- \*2 Indicate the number of days in your work year i.e. 12-month position = 260 workdays (including vacation and holidays).
- \*3 Indicate actual days worked per year (including vacation, holidays, sick leave)
- \*4 Part-time employment should show percentage to full-time i.e. if full time = 8 hours; 4 hours = 50%
- \*5 Indicate total number of hours worked each year i.e. 12-month, full time = 2,000 hours

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

Signature of Certifying Officer \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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