



PORTLAND PUBLIC SCHOOLS

Central Administration Office 1100 Ionia Road
Portland, MI 48875
Phone: (517) 647-4161
Fax: (517) 647-2975
www.portlandk12.org

Verification of Teaching Experience

The following must be completed by the Educator.

Last Name: _____ First Name: _____ MI: _____

Former Name (s): _____ Last 4 digits of SSN: _____

The following must be completed by the employee's previous School District.

Qualifying verifiers must have direct access to detailed personnel employment records, including days worked.

Name of School District: _____

Please provide a detailed record of the following:

Begin Date of Service (MM/DD/YY)	End Date of Service (MM/DD/YY)	Full Time or Part Time (F/P)	Number School Years Completed	Certification Required (Y/N)	Position Title, Subject Taught and Grades Served

District Personnel Signature: _____ Date: _____

Printed Name: _____ Title: _____

Email Address: _____ Phone: _____

District Website: _____

Please returned complete form to:

Portland Public School

Attn: Diana Graef, Human Resources Specialist

1100 Ionia Rd, Portland, MI 48875

Or email: dgraef@portlandk12.org