



Return to Human Resources by one method below:

Email: dana.medich@tsd.org

Fax: Attn: Dana Medich at 970-613-6169

Verification of Experience Special Service Provider

1. Personal Data - to be completed by applicant

NAME:				
	(Last)	(First)	(M.I.)	(Former—if applicable)
MAILING ADDRESS:				
	(Street)	(City)	(State)	(Zip Code)
SIGNATURE OF EMPLOYEE:				

2. Special Service Provider Experience - to be completed by responsible HR/School official. List chronologically each year of special service provider service rendered by the applicant. Please return to **Dana Medich** by a method listed above.

This experience was in a school setting.

This experience was **NOT** in a school setting (if this option is selected, do not fill out items *1-4)

Note: Please fill out years employed, position titles held, average hours per day (can be a range if necessary), if they required a license for that work, and if it was full-time or part-time. Thank you!

SEE REVERSE SIDE FOR * ITEMS

Year Service was Rendered	Name of School/Company	Position Held	* 1 Type of School	*2 Accredited (Yes/No)	*3 Length of School Term	*4 Number of Days Employed	*5 Hours per Day	License for Position Required	Type of Employment (Full Time/ Part Time)

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

Signature of Certifying Officer	Title	Phone	Date
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School District/Company Name	Mailing Address	City	State	Zip Code
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Verifications received within 90 days of the start dates will receive retro pay.

Verifications not received 90 days after the start date will be effective the month they are received and will not receive retro pay back to the start date.



Verification of Teaching Experience Items Legend

***1 TYPE OF SCHOOL -**

- PUB for Public
- PRI for Private
- DEN for Denominational
- IHL for Institution of Higher Learning
- FGN for Foreign School.

***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. Southern ,Northwest, etc.), schools operated by the U.S> in foreign countries when the school has been accredited by a recognized agency of the U.S.

***3 LENGTH OF SCHOOL TERM (DAYS) -** Actual number of days in a standard contract for the position listed.

***4 NUMBER OF DAYS EMPLOYED -** 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 120 or more days for a total of four (4) or more hours each day in a continuous assignment in a given school year.

***5 HOURS PER DAY EMPLOYED -** Indicate the numbers of hours in a normal work day for assignment.