



Verification of Special Services Experience

Audiologist - Counselor - Nurse - OT - Psychologist - PT - SLP - Social Worker

Please complete one form for each employer. Print this form, fill out Section 1, sign, and forward to your previous employer. They will fill out section 2 and return the form to us by fax (970) 348-6031.

Section 1: This section completed by employee: Please fill out this area of the form and forward it to the employer listed in this section.

Last Name	First Name	SSN#
Employee Signature	Date	Name of Employer (Must match application)

Section 2: This section completed by previous employer Organization representative: Please list chronologically each year this employee provided service for your organization. A Greeley-Evens School District 6 employee has indicated previous employment with your organization. The information requested below is needed to determine whether the experience being claimed may be counted under the Greeley-Evens District 6 current salary guidelines.

START DATE	END DATE	NAME OF ORGANIZATION	POSITION HELD	DORA OR ASHA	HRS PER DAY
				Y / N	
				Y / N	
				Y / N	
				Y / N	

I verify the above information is true and correct according to our records.

Representatives Official's Signature	Date
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Print Name	Title	Phone
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