# Leslie County Board of Education
# Instructional Experience Verification for Salary Determination

| Previous School District/Address: | Requesting School District/Address: |
|---|---|
| | Leslie County High School<br>27 Eagle Lane<br>Hyden, KY 41749 |

Name of Employee: _____ Social Security No. _____

The employee listed above is requesting your assistance in verifying prior experience in your school system. Please complete all of the information below excluding any experience as a substitute and return to the address above.

**LIST PREVIOUS EXPERIENCE - FULL TIME ONLY**

***List actual number of days taught under contract if less than a full school year. Use one line per year of experience.**

| Employment Dates | | Contractual Days In School Year | Number of Months or Days Taught | Hours Worked Per Day |
|---|---|---|---|---|
| From Month Year | To Month Year | | | |
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Total Years Experience in MUNIS Payroll when leaving district: _____

Was the experience in a public or non-public school that is approved by the public accrediting authority in the state in which the professional experience was rendered? ☐ Yes ☐ No

Was the above named person under contract as a full time employee who taught at least one-half day for a minimum of 140 days during the contract year? ☐ Yes ☐ No

PUBLIC SCHOOLS IN KENTUCKY: Please provide the following information. ☐ Limited Conctract ☐ Continuing Contract

The above named person had _____ days of accumulated sick leave at the end of the _____ school year.

The above named person terminated employment with this school district as of _____

I certify that the above information is correct.

_____ _____ _____

Signature Title Date

_____ _____

Printed Name Phone #