Verification of Service

Matanuska-Susitna Borough School District
501 N Gulkana Street
Palmer, AK 99645
Phone: 907-746-9200 Fax: 907-761-4088

FOR OFFICE USE ONLY

I. PERSONAL DATA (To Be Completed By The Teacher)

ATTN:

Last Name	First Name	M.I.	Prior	Social Security Number
Mailing Address (Street, City, State, Zip +4)				
Name Under Which Service Was Rendered (if different from above)				Telephone Number

INSTRUCTIONS

This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the Matanuska-Susitna Borough School District at the above address. **LIST CHRONOLOGICALLY EACH SCHOOL YEAR** of teaching experience rendered under your jurisdiction by the applicant. Return to the employee for concurrence/review. Employee should submit all verifications at one time to the MSBSD.

II. TEACHING EXPERIENCE (To Be Completed By Responsible School Official)

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	*1 TYPE OF SCHOOL	*2 ACCREDITED		LENGTH OF SCHOOL TERM (DAYS)	*3 ACTUAL DAYS SERVED	*4 HOURS PER DAY EMPLOYED	POSITION HELD	*5 TEACHING CERTIFICATE REQUIRED		TYPE OF TEACHING (Check those that apply and complete Contract %)				*6 ACADEMIC STANDING	
START DATE	END DATE			YES	NO					YES	NO	FULL TIME	PART TIME	CON-TRACT %	SUBSTI-TUTE	YES	NO
July 1, _____	June 30, _____			○	○					○	○					○	○
July 1, _____	June 30, _____			○	○					○	○					○	○
July 1, _____	June 30, _____			○	○					○	○					○	○
July 1, _____	June 30, _____			○	○					○	○					○	○
July 1, _____	June 30, _____			○	○					○	○					○	○

***1 TYPE OF SCHOOL -** For type of school enter **PUB** for Public, **DEN** for Denominational, **IHL** for Institution of Higher 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 association, one of the regional accrediting associations (i.e., Northwest schools operated by the United States and in foreign countries when the school has been accredited by a recognized agency of the United States.
***3 ACTUAL DAYS SERVED -** Actual days served should include all paid personal or sick leave taken as work days during the school year.
***4 HOURS PER DAY EMPLOYED -** For elementary or secondary school, indicate the number of hours in a normal work day. For an Institution of Higher Learning, indicate the number of credit hours taught (i.e., 3CH)
***5 TEACHING CERTIFICATE -** A position will be considered creditable only if that position required a teaching certificate as a condition of employment (regardless of whether or not the employee already held one).
***6** If an Institution of Higher Learning, please indicate if individual has academic standing.

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

School/Institution Name	Signature of Certifying Official	Date
School Mailing Address (Street, City, State, Zip +4)	Printed Name and Title	