Office of Human Resources
HARDIN COUNTY BOARD OF EDUCATION
65 W. A. Jenkins Road
Elizabethtown, KY 42701-8452
Telephone (270) 769-8800
Fax (270) 769-8950

R 11/15

Name (Please Print) _____ Social Security Number _____

Please verify the teaching experience of the individual named above in your school district. Use a separate line for each year of service.

School Year	School System/ State	Grade Level and Subject Taught	Full-Time Part-Time	Number of Months/ Days Taught

Was the school(s) for which experience is listed above accredited? Yes* ☐ / No ☐

*If yes, by which accrediting agency: _____

For Kentucky schools only:

Contract status held: Limited ☑ / Continuing ☑ , Year Issued _____

Number of sick days accumulated: _____ (Transfer of accumulated sick leave requires continuous employment.)

I hereby certify that the information contained herein is a true statement of the teaching experience of the individual listed above.

Signature of Superintendent or Designee _____ Name of School System _____

Printed Name and Title _____ Mailing Address _____

Date form completed _____ Telephone _____ City/State/Zip _____

** Please return the completed verification to the address at the top of this form. Thank you. **

NOTE: Verification forms completed electronically will only be accepted from the verifying school district. Return electronic verification form via email to lisa.stevenson@hardin.kyschools.us or stephanie.partlo@hardin.kyschools.us
Thank you.