CERTIFICATION OF PROFESSIONAL SCHOOL EXPERIENCE

Part I: Employee Information	
Name:	**Previous Name(s), if applicable:**
Social Security # (last 4 digits): XXX-XX-	**New Position with KCSD:**
Previous Employer:	**Previous Position(s):**

Awarding of Experience (please read and initial each)	
	The Kenton County School District may award job related experience for the purpose of salary calculation in accordance with KRS 157.320. Experience will be determined by the following criteria: • "Experience" means employment, other than as a substitute, for a minimum of one hundred forty (140) days during a school year in a public or nonpublic elementary or secondary school or college or university that is approved by the public accrediting authority in the state in which the teaching duties were performed.
	I understand it is my responsibility to obtain experience information from my previous employer and I must ensure Human Resources receives the completed form within 30 days of my date of hire for consideration.

Authorization to Release Information	
I authorize my previous employer to release information requested on this form to the Kenton County School District.	
Employee Signature:	**Date:**

Part II: Previous Employer Information - to be completed by an authorized official	
Name of Previous School/District:	**Contract:** ☐ Limited ☐ Continuing (Tenured)
Name of Accrediting Association/Agency:	
Number of accumulated sick leave days when he/she left your school district (KY school districts only):	

Experience Information

Position	School Year	Number of Paid Days	Number of Days in School Year	Number of Hours per Day

Per KRS 160.380: Has this employee received any disciplinary action, and any resulting resignation or termination, related to abusive conduct while employed by your school/school district? ☐ Yes ☐ No

Signature	
Signature of Certifying Officer:	**Date:**
Printed Name of Certifying Officer:	**Title:**

Please send completed form to Human Resources by email to HR@kenton.kyschools.us

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KCSD Use Only:

HR Coordinator Initials_____ Approved Years _____ Signature _____ Date _____