Name _____

(Last) (First) (Middle I)

Please print or type

Social Security No. _____

_____

Written Signature of Paraprofessional

PARAPROFESSIONAL SERVICE RECORD

FOR VERIFICATION OF SERVICE IN AN ACCREDITED SCHOOL DISTRICT

USE A SEPARATE LINE FOR EACH SCHOOL YEAR. This is a legal document:erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable.

(1) School Year	(2) State	(3) County	(4) School District	(5) Job Title	(6) % Day Employed 50% = half day 100% = full day	(7) No. Days Worked	(8) Beginning Work Date Mo. Day Yr.	(8) Ending Work Date Mo. Day Yr.	(9) Signature of Superintendent, trustee, or personnel administrator (each line)

Please State Title