



## Instructional Verification of Experience

### To BE COMPLETED BY OCSB EMPLOYEE

Name: (Last, First MI)	Last four digits of Social Security #:	Today's Date:
OCSB Position:	Position Held with Previous Employer:	Approximate Dates of Employment:
Authorization is granted to provide information to Okeechobee County School Board as requested on this form. OCSB Employee Signature:		

I have been employed by Okeechobee County Schools. OCSB will take into consideration my employment with you in determining my salary. Please verify my dates of employment and position(s) held below. Your promptness in returning this form directly to the address below will be appreciated. My salary placement is pending receipt of this information. Thank you for your assistance.

### To BE COMPLETED BY PREVIOUS EMPLOYER

**Verification must be received within 90 calendar days from hire date for experience credit.**

- Use a SEPARATE line for each year of experience in any certificated position. (Use reverse side if necessary.)
- Please return the completed form to the address indicated.

Did this person hold a Continuing or Professional Service contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has this teacher completed the Beginning Teacher Program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your school a part of the public school system under the State Department of Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If non-public school, are you registered with the State Department of Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the teacher fully qualified (certified) as a teacher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

RETURN THE ORIGINAL DOCUMENT (no copies or faxes will be accepted)

*School Year	*Name of School	*Subject or Position Held	*Satisfactory Performance Evaluation?	*Service Began Mo/Day/Yr	*Service Ended Mo/Day/Yr	*Contractual Days in School Year	*Actual Days Employed in School Year	*Status Full/Part-Time

**\*Required field (must be completed for salary authorization)**

School District \_\_\_\_\_ Street Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Authorized Signature and Title \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Institution Seal or Notary Certification Required

State of \_\_\_\_\_  
County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me on this \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

Notary Signature & Seal \_\_\_\_\_

**OCSB OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Years Granted: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_

**Return completed form to:**  
Okeechobee County School Board  
Attn: Human Resources Department  
700 SW 2<sup>nd</sup> Ave  
Okeechobee, FL 34974