

Okeechobee County School Board  
700 S.W. 2nd Avenue, Okeechobee, Florida 34974

**Verification of Experience**

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

Last Name	First	Middle
Social Security Number	Maiden Name or Other Name Used	

Authorization is granted to provide information to Okeechobee County School Board as requested on this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_

The above person claims full-time teaching experience in your school system. Please verify in the space provided, USING A SEPARATE LINE FOR EACH YEAR OF EXPERIENCE. Credit for a year of service is given only when the period of service exceeds one-half of an actual annual contractual period by at least one day. For this reason we request that you show the number of days actually taught as well as the number of days in the contractual year. **Verification must be received within 90 calendar days from hire date for experience credit.** Please return to: Director of Human Resources.

School Year	Name of School	Subject or Position Held	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

FLORIDA COUNTIES: Did this person hold continuing Professional Service contract? \_\_\_\_\_

Has person completed Beginning Teacher Program? \_\_\_\_\_

Is your school a part of the public school system under the State Department of Education? \_\_\_\_\_

If non-public school, are you registered with the State Department of Education? \_\_\_\_\_

Was the teacher fully qualified (certified) as a teacher? Yes \_\_\_\_\_ No \_\_\_\_\_

The applicant has demonstrated successful teaching experience. Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Employer

Street Address

City/State/Zip Code

Authorized Signature and Title

Telephone Number

Date