



OFFICE OF HUMAN RESOURCES
 5775 Osceola Trail
 Naples, Florida 34109-0919
 (239) 377-0335
 (239) 377-0385 FAX

TO BE COMPLETED BY PREVIOUS EMPLOYER AND RETURNED TO CCPS

Employee Name _____

Social Security # _____

By my signature, I hereby authorize release of all information requested below.

 Signature

VERIFICATION OF ADMINISTRATIVE AND TEACHING EXPERIENCE

Whom It May Concern:

I have been employed by the Collier County Public Schools. In order to be placed on the appropriate step of the salary schedule, it is necessary to have my dates of employment and satisfactory performance evaluation verified. Your promptness in returning this form directly to the address above will be appreciated.

PLEASE COMPLETE ALL THE COLUMNS THE SECTION AS FOLLOWS:

1. **List each year separately**
2. List experience gained in public or non-public schools or secondary education including administrative or supervisory service.
3. Indicate Yes or No regarding satisfactory performance evaluations for each year of experience. A satisfactory rating is required.
4. Do not list substitute teaching.
5. **Must be full-time instructor**

In order to have college/university teaching experience considered, the following must also be answered affirmatively: This person was considered a full-time instructor ___Yes ___No

**In lieu of completing the satisfactory performance evaluation column, a letter from the prior School District may be submitted stating that this person is eligible for re-hire as a teacher. Or, copies of annual evaluations for each year (indicating satisfactory ratings) may be submitted for review.*

Beginning Date	Ending Date	Hours Per Day if Part-Time	Number of Contractual Days in the School Year	Number of Contract Days Worked in the School Year	Held Valid State Certificate/License	Received Satisfactory Performance Evaluation	Subject(s) and Grade taught
MM DD YY	MM DD YY		School Year	School Year	Yes /No	Yes /No (*)	

Other Pertinent Information _____

I certify the experience listed above is accurate. _____

District, County or City: _____

State: _____

Signature of School Official: _____

Title: _____

Address: _____

Phone Number: _____