

(Duplicate this form on School District Letterhead)

**OUT-OF-STATE VERIFICATION OF
TEACHING/ADMINISTRATIVE EXPERIENCE FORM
For Reciprocity**

(To Be Used By Out-of-State Employing Authority)

SOCIAL SECURITY NUMBER: _____

This is to certify that _____
(Last Name) (First Name) (Middle Name)

Any other name(s) used _____

Employed by: _____

City of: _____ State of: _____

*BEGINNING MONTH-DAY-YEAR	*ENDING MONTH-DAY- YEAR	*POSITION	*NUMBER OF DAYS WORKED	*HOURS PER DAY	*FULL-TIME PART-TIME

*Each field must be completed and broken down by each year worked.

SIGNATURE of Employing Authority

DATE

TITLE