THE SCHOOL DISTRICT OF HERNANDO COUNTY, FLORIDA

Private School Verification of Teaching Experience

Name of Employee _	Address													
chool/Department							Position with Hernando County							
The above named persocollege. In order for thi accrediting agency, and this form to indicate the Resources Department ,	is experience I the teacher e length of se	e to be ac must ha ervice thi	ccepted, i ve been i is person	the schoo required t was emp	ol or colle to hold a ploved wi	ege must a valid tea ith vour o	: be accredited aching certifica organization. I	by the Southern ate. Please assist Return original c	n Association of (: this employee i :ompleted form	Colleges and Sch in receiving expo to Hernando Co	hools or other su erience credit by	ch regional completing		
Employee Signature:	ł													
Please list each year	on a SEPAR	ATE LIN	IE. Do n	ot list su	bstitut	e teachi	ng.							
Name of School	From		ervice as Full Time Teacher To Year Month Day Yea				Length of School Year (in Days)	Number of Actual Days Worked During School Year	Number of Hours Each Day	Subject & Grade Level(s) Taught	Satisfactory Evaluation Received (Yes or No)	HCSD HR office Use ONLY Credit Given		
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						<u> </u>					1.6.1	Vac Na		
I hereby attest that the ab	ove noted sch	iools are a	accredited	by				Valid teachir	ng certificate was	held during perio	od of employment _	Yes No		
Printed Name and Title of Person Verifying Experience							Signature Date *Please affix School District Seal or stamp in the space below. If seal or stamp is not available, attach your business card or provide note of such on letterhead. Thank you.							
Name of School							attach your	business card or p	Tovide Hote of 3d	cii oii icticiiicaa.	mank you.			
 Address														
City	S1	State Zip												
HCSD – Human Resources Department Use Only Reviewed a							processed by			Date				
HR Administrator Signat	HR Administrator Signature								Number of Years Credited Employee ID#					