



# TEACHERS

## Verification of Teaching Experience

Please complete one form for each employer. Print this form, fill out Section 1, sign, and forward to your previous employer. They will fill out section 2 and return the form to us by email at [employmentservices@greeleyschools.org](mailto:employmentservices@greeleyschools.org).

**Section 1: This section completed by employee** Please fill out this area of the form and forward it to the employer listed in this section.

Last Name	First Name	SSN#
Employee Signature	Date	Name of Employer (Must match application)

**Section 2: This section completed by previous employer** District representative: Please list chronologically each year this employee provided teaching service for your district. A Greeley-Evans School District 6 employee has indicated previous employment with your institution. The information requested below is needed to determine whether the experience being claimed may be counted under the Greeley-Evans District 6 current teacher salary guidelines.

START DATE	END DATE	NAME OF SCHOOL	POSITION HELD	# DAYS IN SCHOOL YEAR	# DAYS EMPLOYED	TEACHING LICENSE REQUIRED	FULL OR PART-TIME POSITION
						Y / N	
						Y / N	
						Y / N	
						Y / N	
						Y / N	

I verify the above information is true and correct according to our records.

District Official's Signature	Date
Print Name	Phone