

***Learner-Centered Journey***

Metropolitan School District of Decatur Township

5275 Kentucky Avenue

Indianapolis, IN 46221

**Request for Verification of Experience**

**New Teacher/Administrator: Verify Experience for:**

Please complete this form and send it to each school \_\_\_\_ \_\_\_\_

district where you have been employed previously as a

teacher/administrator.

Please return completed form by email or fax:

jkirk@msddecatur.k12.in.us I.S.T.R. #: \_\_\_

Fax #: (317) 856-2227

Phone #: (317) 856-5265, extension #11102

The Indiana State Board of Education has ruled it is necessary for each teacher to have on file in the office of the Superintendent a certified record of his/her teaching experience, not including substitute teaching. Please begin with your first year of experience and list consecutive years on separate lines, even if you taught several years in the same corporation.

***Note: The last employer may verify all teaching experience provided the verification is on file.***

If the following is correct, sign and return. If incorrect, please make appropriate changes, sign and return. Thank you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employing Corporation** | **County** | **School Year** | **Days Worked** | **Grade or Subject** | **Signature of Official** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***This section is to be completed by authorized personnel of corporation last attended:***

I hereby certify that has accumulated a total of sick days.

**Date**  **Director of Human Resources or Designee**