GREENE COUNTY SCHOOLS

VERIFICATION OF TEACHING EXPERIENCE

(For Salary Rating Purposes)

Name: _____ Tennessee License Number & Issue Date: _____ / _____

EXPERIENCE RECORD: The information below is to be completed only by the institution where teaching experience was performed. (Please list experience yearly. Each year must be listed on a separate line, beginning July 1 and ending June 30.)

Teaching Experience (Private School & Other Institution Experience must be accompanied by Documentation of State Approval)

Name Of System	Name Of School	State	Grade & Subject	School Year, July - June		Time Served		Certified or Substitute Position?	Total Days In Year
				Start Date	End Date	Number Of Months	Number Of Days		

*Please use back of form for additional years

THE ABOVE SCHOOL, SCHOOL SYSTEM, COLLEGE/UNIVERSITY, OR OTHER EDUCATIONAL FACILITY WAS FULLY APPROVED BY THE _____ AT THE TIME SERVICE WAS PERFORMED. (State Department of Education)

Check **ONE** of the following:

[ ] Public School [ ] Private School [ ] U.S. Government Service Teaching Program [ ] Paid, Full-time Voting Member of a College or University Faculty

[ ] Other Educational Facility

I hereby certify that the above listed experience is a true and correct copy of the records on file for the teacher named above.

Signed: _____ Date: _____

(School, System, College/University, or Institution Official)

Title: _____ Address: _____

Email: _____ _____

Active Military Experience

Military experience must be accompanied by a valid DD214 form (NGB22 form accepted for National Guard active duty).

[ ] I am requesting my active military experience (up to five years) be credited to teaching experience for salary purposes.