



# OFFICIAL VERIFICATION OF LICENSED PROFESSIONAL EXPERIENCE

**New Employees: Send this form to your former employer(s) HR departments to complete**

\*Service credit cannot be given without a completed verification of experience form\*

Human Resources

9361 South 300 East

Sandy, UT 84070-2998

Office: (801) 826-5500 Fax: (801) 826-5374

**Instructions:** This form is used to determine placement on the salary schedule for licensed personnel who have been employed by Canyons School District. We appreciate your help in providing the official verification of experience under contract, with a **valid professional license**. *Substitute, Internship, and University teaching experience do not count towards service credit.*

**Information to be completed by Employee:**

Full Legal Name: \_\_\_\_\_ Last Four Digits of Social: XXX-XX-\_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ City, State, & Zip Code: \_\_\_\_\_

Location(s) Hired at: \_\_\_\_\_ Last Name Used While Employed (if different): \_\_\_\_\_

**Information to be completed by Employer:**

School Year During Which Service Was Rendered		School	Type of School	Position Held	Days in Full Contract Year	Actual Days Served	Hours Per Day Employed	Full Time?	Part Time %
Beginning	Ending								
Is this individual eligible to be rehired in your district/company?			Yes <input type="checkbox"/> No <input type="checkbox"/>	Did the individual's performance, for the dates indicated above, meet or exceed the district standard for satisfactory educator performance?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
To your knowledge, has this individual ever had disciplinary action taken against his/her license? (e.g.: reprimand, suspension, revocation?)			Yes <input type="checkbox"/> No <input type="checkbox"/>	Is a valid license required for the position(s) listed above?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your school/district accredited?			Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Years of Experience: Years _____ Months _____					

***I certify that the above information is true and correct according to our official records:***

Company Verifying Former Employment:	Signature of Certifying Officer:
Mailing Address:	Title:
Phone Number and Email Address:	Date: