

P.O. Box 2118 • 200 North Clara Avenue • DeLand, Florida 32721-2118

DeLand Daytona B (386) 734-7190 (386) 255-

Daytona Beach New (386) 255-6475 (38

New Smyrna Beach (386) 427-5223

Osteen (386) 860-3322

To: New Personnel

From: Division of Human Resources

Re: Verification of Teaching/Administrative Experience

It is the responsibility of the teacher to provide, on the attached Verification of Teaching/Administrative Experience form, complete verification of full-time, satisfactory teaching experience. Please use the attached cover letter when sending the form to your previous employer.

Allow one year of service credit for each good year of service in K-12 school systems, including public and private institutions of higher learning and private K-12 schools, which require state certification based upon a baccalaureate degree as a precondition to employment, and the teacher will have held such certificate at the time of service. A "good year of service" for salary credit must consist of at least one day more than one-half the school term.

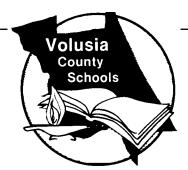
If your experience is in a college or university, you must have worked full-time both major semesters (Fall and Spring) in order to receive credit.

Your previous employer must fill out the verification form in order to receive salary credit. Remember to fill out the top portion prior to sending it to your previous employer's personnel department. This form should be returned to the Volusia County School Board, Att. Human Resources, P.O. Box 2118, DeLand, Florida 32721-2118.

Salary credit can be evaluated and granted only upon receipt of forms completed with all required information. If forms are incomplete, you will experience a delay in salary credit. Please submit the verification form within 60 days of employment. If received after that, the salary increase will not be retroactive to the beginning of your employment.

All teachers with no experience are placed on Step 00 of the salary schedule. Raises are negotiated each year; therefore, your salary will <u>not</u> automatically increase at the beginning of the school year.

Should you have any questions, please contact Human Resources for assistance at 386-734-7190, extension 20172 or 20173. Thank you for your cooperation.



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Date	<del></del>		
Name of School District Address	Volusia County Public School P O Box 2118 DeLand, FL 3		
Dear Personnel:			
	Volusia County Public Schoo ır district so I may receive cı		ny satisfactory
portions of the form follow	portion of the attached verificing the directions on the fromns be complete and only	nt of the verification form	n. It is most
Please return the form to tappreciated.	the address listed at the top	of the verification form.	Your cooperation is
Sincerely,			
Signature			
Print Name		_	
Address		_	
		_	



## **VERIFICATION OF TEACHING / ADMINISTRATIVE EXPERIENCE**

School District of Volusia County Human Resources Post Office Box 2118, DeLand, Florida 32721-2118

## SECTION 1: PERSONAL DATA (To be completed by employee / applicant) (Please print or type)

	ty of the employee / applicant to have this inf	3 1 1 3				SCHOOL DIST	ict / organiza	tion with whi	cn the servic	e was performed. It
Last	First	orniation verified within the first six	Middle	i employmer	п.	Social 9	Security			
Name:	Name:		Name:			Numbe	-			
Name under which										
service was rende	ered:	Signature:						Date:		
		-								
Dates of employn	nent:							Date:		
SECTION 2: TE	EACHING / ADMINISTRATIVE EXPERIE	NCE (To be completed by au	thorized offi	cial) (Pleas	se print or	type)				
INSTRUCTIONS:	: The above named individual has applied for	an instructional position with our	school district.	Years of pa	ast experienc	e will be use	ed to comput	e his / her sa	ılary. Please	verify his / her
	with your school district / organization by prov					ch year of s	ervice. Make	copies as ne	eeded. Pleas	se process
J.	his form must be returned to the School Distri	ct of Volusia County within the firs	it sixty (60) day	ys of employ						
School Year*			Annual		Days in full				Post-	Status: Regular,
MM/DD/YYYY to MM/DD/YYYY	N	Position and subject or	Performance	Hours/	contract	Student	,	Pre-planning		Temporary, or Substitute
IVIIVI/DD/1111	Name of school district / organization	grade level taught	Evaluation**	Day***	year	Days	served****	days worked	days worked	Substitute
										1

- \* Please list experience YEARLY beginning with July 01 and ending with June 30.
- \*\* If Annual Performance Evaluation was satisfactory or better, please indicate with an "S."
- \*\*\* For an elementary or secondary school or for experience not in a classroom setting, please indicate the number of hours in a normal work day. For a college or university, please specify each semester worked and the number of credit hours worked each semester (i.e. Fall 1994, 6 credit hours).
- \*\*\*\* Actual days served should include all paid personal or sick leave taken as work days during the school year.

**OVER** 

## SECTION 2: TEACHING / ADMINISTRATIVE EXPERIENCE (continued)

Please complete the following:	`	,				
The experience listed on the rev     Other, please spece		Public school district		Public	college / unive	rsity Private college / university
Please note: For private school experience (i.e.						
<ol> <li>Was this school / organization at</li> <li>Did this school / organization red</li> <li>Did the applicant hold such certified.</li> <li>If period of employment included.</li> </ol>	quire state certification ficate during the time	n based upon a baccalau of the experience listed of	reate degree as a pre on the reverse side?	condition to e	employment?	(accrediting agency)  No Yes
I certify that the information provide	d on this form is true a	ınd correct according to o	our official records.			
Signature of certifying official (Sign in front of notary or use School Board	Date or Corporate Seal)	Prin	t name of certifying official		Title of ce	rtifying official
Name of school district / organization	Mailing add	Íress	City	State	Zip code	Area Code / Telephone number
	Sworn to and subscribed to	o me on (date)	by (name of ce	rtifying official)		
Affix School Board, Corporate or Notary Seal Here	who is personally known to me or who has presented (type of identification)				as identification.	
	Signature of notary	<u> </u>	Commission number		Date commission ex	xpires

Please mail directly to: School District of Volusia County - Human Resources - Post Office Box 2118, DeLand, Florida 32721-2118

An Affirmative Action / Equal Opportunity Employer