UNIVERSITY of ALASKA SOUTHEAST | SCHOOL OF EDUCATION

University of Alaska Southeast ■ School of Education ■ M.Ed. Educational Leadership Program
11066 Auke Lake Way ■ Juneau, AK 99801 ■ Phone: 907-796-6076 ■ Fax: 907-796-6550

VERIFICATION OF SERVICE

INSTRUCTIONS: This form should be completed as follows: Roman Numeral I - Teacher / Roman Numeral II - Individual responsible for and in charge of records where the service was rendered and also signed by this individual. Please return the completed form to the teacher whose name appears at the top of this form. Chronologically list each school year of teaching service rendered under your jurisdiction by the applicant. NOTE: Employee is responsible for submitting this form to the University of Alaska Southeast.

I. PERSONAL DATA (To be completed by teacher.)

Name: Last	First	M.I.	Name under which service was rendered:	
Mailing Address: Street or P.O. Box	City	State zip	Area Code & Phone Number:	E-Mail Address:

II. TEACHING EXPERIENCE (To be completed by the individual at the school responsible for and in charge of records where the service was rendered.)

School Year during which service was rendered		**1.** Type of School	Number of Days in School Year	**2.** Actual Days Served	Position Held	**3.** Teaching Certificate Required		Type of Teaching			**4.** Accredited School
Beginning	Ending					Yes	No	Full-Time	Part-Time	Substitute	Yes/No

1. Type of School: Enter **PUB** for Public / **PRI** for Private / **IHL** for Institution of Higher Learning.
2. Actual Days Served: Should include all paid personal or sick leave taken as workdays during the school year.
3. Teaching Certificate Required: A position will be considered creditable only if that position required a teaching certificate as a condition of employment regardless of whether or not the employee already held one.
4. Please indicate yes if your school is accredited or no if it is not accredited.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OFFICIAL RECORDS.

School District Name and Phone Number	**Signature of Certifying Officer:**	**Date:**
Mailing Address (Street or P. O. Box / City / Slate / Zip):	**Printed Name and Title of Certifying Officer:**	