



VERIFICATION OF SERVICE

Candidate must provide a total of five years of experience with at least three years of certified teaching experience — Professional or Type A --- and at least one year as an administrator in a position that requires a Type B certificate.

INSTRUCTIONS: This form should be completed as follows: Roman Numeral I - Teacher / Roman Numeral II & III - 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 /administrative 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 & Telephone No.:	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 Yes/No
Beginning	Ending					Yes	No	Full-Time	Part-Time	Substitute	

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.

III. Type B Administrative Experience (To be completed by the individual at the school responsible for 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. Administrative Certificate Required		Type of Responsibility			4. Accredited School Yes/No
Beginning	Ending					Yes	No	Full-Time	Part-Time	Substitute	

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/**Administrative** Certificate Required: A position will be considered creditable only if that position required a teaching or **administrative** 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 / State / Zip):	Printed Name and Title of Certifying Officer:	