



ORANGE COUNTY PUBLIC SCHOOLS

P.O. Box 271
32802-0271

Orlando, Florida
(407) 317-3200

445 West Amelia Street
32801-1127

TO: NEW PERSONNEL
FROM: EMPLOYMENT SERVICES
SUBJECT: VERIFICATION OF TEACHING / WORK EXPERIENCE

Previous teaching or work experience must be verified on the Experience Verification Record form (attached). Procedures regarding verification of previous teaching or work experience are listed below:

It is the responsibility of the employee to provide, on forms furnished by the district, complete verification of all full-time teaching or work experience earned outside of Orange County Public Schools. Experience acceptable for salary credit purposes for teachers must be earned in an accredited public or private school. You must have a bachelor's degree and been fully certified and served in a contracted position for at least one day over half of the required fulltime duty days for the experience to be acceptable for salary credit. If you are seeking credit for military experience you must provide Employment Services with a copy of your DD-214 form.

The top portion of each form should be completed by you with your full name, last four digits of your social security number and signature. Mail or take the form to the school district or work location where you worked for completion of the form. You may wish to complete and give the attached request form letter to your previous school district or work location. The Instructional/Work Experience Verification form must be fully completed by your previous employer(s) and mailed to OCPS, P.O. Box 271, Orlando, FL 32802.

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 reviewing your salary credit form; however, once forms are evaluated and credit is granted, your salary will be retroactively changed to your first duty day of the regular work year, in the fiscal year in which the verification is received.

Should you have any questions, please contact Employment Services for assistance. Thank you for your cooperation in verifying your previous experience.

1PS606



ORANGE COUNTY PUBLIC SCHOOLS

P.O. Box 271
32802-0271

Orlando, Florida
(407) 317-3200

445 West Amelia Street
32801-1127

Date _____

Name of School District ORANGE COUNTY PUBLIC SCHOOLS

Address P. O. Box 271 Orlando, FL 32802

Dear Personnel:

I have been employed by Orange County Public Schools and need a record of my teaching/work experience in your district or company in order to receive credit for salary purposes.

I have completed the top portion of the attached verification form. Please complete all portions of the form following the directions on the back of the verification form. **It is most important that all columns be complete, and only one year per line entered on the form.**

Please mail the completed form directly to Orange County Public Schools at the address listed at the top of the verification form. Your assistance is appreciated.

Sincerely,

Signature

Address

1PS605

**THE SCHOOL BOARD OF ORANGE COUNTY, FLORIDA
P.O. BOX 271
ORLANDO, FLORIDA 32802
ATTN: EMPLOYMENT SERVICES**

**INSTRUCTIONAL / WORK
EXPERIENCE
VERIFICATION**

*Name Doe Jane S.
Please PRINT (Last) (First) (Middle Initial)

*Previous/Maiden/Other Names Used Jane Smith

*Last 4 digits of SSN: 9999

*Phone No. 123-456-7890 Email: doejane@doe.com

*Signature of Employee (must be hand written)

SEE INSTRUCTIONS ON BACK FOR COMPLETING THE FORM

Note: Do not include substitute teaching, student teaching or teacher aide experience.

******Work Experience – A job description must be provided**

USE A SEPARATE LINE FOR EACH YEAR WORKED. This is a legal document; erasures, ditto marks, liquid paper corrections and stamped signatures are not acceptable

***Required Information in order to process the request**

***OCPS Work Location / Position Title**

| (1) Work or School Year | (2) State | (3) County | (4) School District or Company Name | (5) Job Title | (6) % Days Employed 50% = half day 100% = full day | (7) No. Days Worked | (8) Number of Duty Days in Work Year or School Year | (9) | | | | | |
|-------------------------------------|--------------|---------------|--|--------------------|--|---------------------------|---|------------------------|-----|---------------------|----|-----|------|
| | | | | | | | | Beginning Work Date | | Ending Work Date | | | |
| | | | | | | | | Mo | Day | Yr | Mo | Day | Yr |
| 1998-1999 | OH | Franklin | Columbus SD | Science Teacher | 100% | 196 | 196 | 8 | 1 | 98 | 6 | 1 | 99 |
| 1999-2000 | OH | Franklin | Columbus SD | Social Worker | 100% | 188 | 196 | 8 | 1 | 99 | 6 | 1 | 2000 |
| 2000-2001 | OH | Franklin | Columbus SD | Program Specialist | 100% | 240 | 257 | 7 | 1 | 2000 | 6 | 30 | 2001 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

sample

Authorized Signature Title

School District or Company Name

Address City State Zip Code

Date Telephone Number

The foregoing instrument was acknowledged before me this _____ by _____
(date) (name of person acknowledged)
who is personally known to me or who has produced _____ as identification.
(type and number of identification produced)

Signature of Notary Public

**INSTRUCTIONS FOR COMPLETING THE EXPERIENCE VERIFICATION FORM
ALL COLUMNS MUST BE COMPLETED**

1. Work or School Year – Corresponds to the scholastic school year (July 1–June 30 – portion of this fiscal year that is your school year Calendar). No more than one year of experience can be shown on one line.
2. State or Country – Enter state or territory of USA. Enter name of foreign country if applicable.
3. County or Equivalent – Enter county or parish in USA. Enter APO for Department of Defense schools and names of subterritories of foreign nations.
4. Company Name or School District or Institution – Enter company name or public school districts, private schools and other institutions. Give sufficient information in this column to identify the school for accreditation purposes. Address of private schools or foreign schools is also required.
5. Enter job title or grade level/subject taught – If more than one grade, enter span, i.e. Grades 2-6, 7-12, etc. Enter the specific title for supervisory/administrative positions.
6. Enter % of the work day or school day the employee was employed. Full day is reported as 100%, one-half day is reported at 50% and three quarters of the day is reported as 75%.
7. Number of Days – Enter the number of days actually worked by the employee during the year for companies, organizations, public and private schools, colleges and universities.
8. Number of Days scheduled to work in the Year – This is the total number of days a full time or part time employee would work if they worked all scheduled days with no absences.
9. Beginning and Ending Work Dates – Enter the start date and end date for the calendar or school year.

SIGNATURE – This form must be verified by the signature (in ink) and address of an authorized official of the organization, school system or private school involved. Such official, if not the superintendent of the school or school district, must have been authorized to sign personnel records of the institution by the governing board of that institution. Include the title of the person who signs the completed Experience Verification form.

**THE SCHOOL BOARD OF ORANGE COUNTY, FLORIDA
P.O. BOX 271
ORLANDO, FLORIDA 32802
ATTN: EMPLOYMENT SERVICES**

**INSTRUCTIONAL / WORK
EXPERIENCE
VERIFICATION**

*Name _____
Please PRINT (Last) (First) (Middle Initial)

*Previous/Maiden/Other Names Used _____

*Last 4 digits of SSN: _____

*Phone No. _____ Email: _____

*Signature of Employee (must be hand written)

SEE INSTRUCTIONS ON BACK FOR COMPLETING THE FORM

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|-------------------------------------|--------------|---------------|--|------------------|--|---------------------------|---|------------------------|-----|----|---------------------|-----|----|
| | | | | | | | | Beginning Work Date | | | Ending Work Date | | |
| | | | | | | | | Mo | Day | Yr | Mo | Day | Yr |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Authorized Signature Title

School District or Company Name

Address City State Zip Code

Date Telephone Number

The foregoing instrument was acknowledged before me this

_____ by _____

(date) (name of person acknowledged)

who is personally known to me or who has produced

_____ as identification.

(type and number of identification produced)

Signature of Notary Public