

Warren County Board of Education

CERTIFICATION OF TEACHING EXPERIENCE

DATE _____

CERTIFIED

Employee Name: _____

SOC. SEC. # _____

I hereby certify that I have taught in an accredited institution for: _____ Full Fiscal Years
140 days in one Fiscal Year constitutes a full Fiscal Year, you may not add years between districts or partial years.

Please Note: Experience must be verified with previous district prior to you receiving the years of experience in your pay check. In other words, you will be paid on -0- years experience until prior years are verified by Human Resources.

Please list most recent first.

				For HR USE ONLY
County or District	From:	To:	No. of Years	HR No. of Yrs Verified

Employee Signature: _____ Date: _____

Please return this form with payroll paperwork to the Personnel Office.

 Total # of yrs verified by HR: _____ Accumulated Sick Leave _____

School Dist: _____

HR Signature: _____ Date: _____