

District Verification of Previous Experience

Please complete and return to:

Christina Ray, Director of Human Resources
 Ashtabula County Educational Service Center
 2630 West 13th Street, Suite A, Ashtabula, OH 44004

 Employee's Name

Please Note: 120 Days = 1 Year

Name of School	Location	Dates	Total Years	Total Days

MILITARY SERVICE:

Total Unused Sick Days _____

Dates of Active Military Service _____

Total Number of Days of Active Military Service _____

Attach Copy of Discharge Papers.

I certify that to the best of my knowledge the above information is an accurate account of said employee's previous teaching experience/military service.

Date _____

Signature of Treasurer _____

School District _____

Building _____