

District Verification of Previous Experience

Name of Employee _____

Name of School/Employer _____

Salary placement upon end of assignment _____ (e.g., Bachelor's+10, Step 3)

List each school year separately - duplicate form as needed

Please Note: 120 Days = 1 Year

School Year	Dates During School Year	Building / Location	Job Title / Assignment	Total Days

Total Unused Public School Sick Days _____

I certify that to the best of my knowledge the above information is an accurate account of said employee's previous public school or school based work experience.

Signature of Treasurer/Authorized Individual _____

Job Title _____ Date _____

Contact Email and Phone Number _____

Employer: Please complete and scan signed copy to Christina Ray, Director of Human Resources, at the Ashtabula County Educational Service Center (christina.ray@ashtabulaesc.org).