

Employee Name:

## THE SCHOOL BOARD OF GADSDEN COUNTY

Elijah Key Superintendent Keye@gcpsmail.com

35 Martin Luther King, Jr. Blvd Quincy, Florida 32351 Main: (850) 627-9651 or Fax: (850) 875-8757 www.gadsdenschools.org

## **Verification of Teaching Experience**

Date(s) of Employment:

This applicant has been appointed to an instructional position in the Gadsden County School District. Years of past experience in the instructional field will be used to help compute his/her salary schedule. We request that you verify his/her length of service with your school district/agency.

Please use a separate line below for each school year of experience.

	Employee Name.				•	<i>Date</i> (5) 0.	Employment.	
	District Name:		Accrediting Agency:			Social Security #:		Phone #:
	Name of School	Beginning MM/DD/YY	Ending MM/DD/YY	Days in Contract Year	Total Days Employed	Full Time or Part Time	Subject Taught	Satisfactory or Better Evaluation: "Yes" or "No"
_							_	



## THE SCHOOL BOARD OF GADSDEN COUNTY

Elijah Key Superintendent Keye@gcpsmail.com

35 Martin Luther King, Jr. Blvd Quincy, Florida 32351 Main: (850) 627-9651 or Fax: (850) 875-8757 www.gadsdenschools.org

certify that according to our records	was employed in the				
	(Name of Employee)	(Public/Private)			
chools of					
(City)	(County)	(State)			
IS	. (If the individual served in more than one ca	apacity, please indicate)			
worn to and subscribed before me this _	day of				
Notary Public		Authorized Signature/ Title			
Seal)		Printed Name			
		Address			
		Telephone #			