



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: PERSONNEL SERVICES
SUBJECT: VERIFICATION OF TEACHING EXPERIENCE

Previous teaching experience must be verified on the Teacher Service Record form (attached). Procedures regarding verification of previous teaching experience are listed below:

It is the responsibility of the teacher to provide, on forms furnished by the district, complete verification of all full-time teaching experience earned outside of Orange County Public Schools. Experience acceptable for salary credit purposes must be earned in an accredited public or private school. You must have 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 Personnel Services with a copy of your DD-214 form.

The top portion of each form should be completed by you with your full name, social security number, and signature. Mail or take the form to the school district where you taught for completion of the form. You may wish to use the attached request form letter to your previous school district. Please have this form returned 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 salary credit; however, once forms can be evaluated, 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 your Regional Learning Community contact 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 experience in your district so I may receive credit for salary purposes.

I have completed the top portion of the attached verification form. Would you 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 return the form to the address listed at the top of the verification form. Your cooperation is appreciated.

Sincerely,

Signature

Address

1PS605

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

**INSTRUCTIONAL
EXPERIENCE
VERIFICATION**

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

Social Security No. _____

Written Signature of Teacher

OCPS Work Location/Position

SEE INSTRUCTIONS ON BACK FOR COMPLETING FORM

Note: Do not give credit for substitute teaching, student teaching or teacher aide experience.

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

(1) School Year	(2) State	(3) County	(4) School District	(5) Grade Level Taught	(6) % Day Employed 50% = half day 100% = full day	(7) No. Days Worked	(8) Number Days in School Year	(9) Was the experience successful? Y/N	(10) Type of Contract	(11)					
										Beginning Work Date			Ending Work Date		
										Mo	Day	Yr	Mo	Day	Yr
94-95	OHIO	FRANKLIN	COLUMBUS P.S.D.	4	100%	196	196	Y	ANNUAL	8	9	94	5	26	95
95-96	OHIO	FRANKLIN	COLUMBUS P.S.D.	4	100%	194	196	Y	ANNUAL	8	8	95	5	24	96
96-97	OHIO	FRANKLIN	COLUMBUS P.S.D.	5	100%	196	196	Y	ANNUAL	8	6	96	6	4	97

Sample

Authorized Signature () Telephone Number

School System

Address City State Zip Code

Date

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 INSTRUCTIONAL EXPERIENCE VERIFICATION FORM
ALL COLUMNS MUST BE COMPLETED**

1. 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 of Department of Defense schools and names of subterritories of foreign nations.
4. School District or Institution – Enter the name of public school districts and names of 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 grade level/subject taught – If more than one grade, enter span, i.e. 2-6, 7-12, etc. Enter specific title for supervisory/administrative positions.
6. Enter % of the school day the employee is employed. Full day is reported as 100%, one-half day is reported as 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 school year for public and private schools, colleges and universities.
8. Number of Days in School Year – Enter the number of days in your district or school year. This will be the total days a full time employee should work if they worked all days with no absences.
9. Was the Experience Successful – Enter Y for yes or N for no.
10. Type of Contract – Enter the type of contract held by this employee, i.e. temporary, annual, tenured.

SIGNATURE – This form must be verified by the signature (in ink) and address of an authorized official of the 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.

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

**INSTRUCTIONAL
EXPERIENCE
VERIFICATION**

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

Social Security No. _____

Written Signature of Teacher

OCPS Work Location/Position

SEE INSTRUCTIONS ON BACK FOR COMPLETING FORM

Note: Do not give credit for substitute teaching, student teaching or teacher aide experience.

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

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										Beginning Work Date			Ending Work Date		
									Mo	Day	Yr	Mo	Day	Yr	

Authorized Signature () Telephone Number

School System

Address City State Zip Code

Date

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