

### Verification of Previous Educational Experience

The person named below has educational experience with our school system. Substitute experience is listed by number of days he/she actually taught in each school year.

NAME: \_\_\_\_\_ TO: \_\_\_\_\_  
Last First Maiden  
 Social Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Date: \_\_\_\_\_

**Putnam Co. Board of Education**  
**77 Courthouse Drive**  
**Winfield, WV 25213**  
**Phone (304) 586-0500 ext 1109**  
**Fax (304) 586-0519**

Term of Service		Position/Grade	Number of Months in School Year	Actual Days Paid if not full year.	Public or Private School	Name and Address of School
From	To					

For West Virginia School Districts

The above named person has \_\_\_\_\_ days of accumulated sick leave at the end of the 20\_\_\_\_\_/20\_\_\_\_ school year. These days were earned as a \_\_\_\_\_ (full or half) day employee.

Type of contract :  
 Probationary (1 Year) \_\_\_\_\_ Continuing (Tenure) \_\_\_\_\_

I certify that according to our records:  
 \_\_\_\_\_  
 (name of employee)  
 was employed in the positions as stated above.

**Please send original certificate and proof of completion of Beginners Educators Internship if applicable.**

\_\_\_\_\_  
 Signature of School Official

\_\_\_\_\_  
 Name and Title (please print)

\_\_\_\_\_  
 Date