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

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) _____

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

I certify that according to our records:

_____
(name of employee)

was employed in the positions as stated above.

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_____ _____ _____

Signature of School Official **Name and Title (please print)** **Date**