



## Employee Verification Form for Academic and Fine Arts Programs

The information listed below is to be completed by the current or previous employer (**Superintendent, Headmaster, Agency Director, or Designated Personnel Officer**). School Principals are **NOT** authorized to sign this form **unless** they are the designated Personnel Officer. Use **ONE** line for each change in status. Do **NOT** include leave of absence periods. Only include experience that is **NOT** in the Tennessee State data system.

Name of Educator \_\_\_\_\_ SS# \_\_\_\_\_

*INFORMATION BELOW IS TO BE COMPLETED BY THE SCHOOL SYSTEM WHERE THE EXPERIENCE TOOK PLACE.*

Experience record: Please list experience yearly, with each year on a separate line, beginning with July 1 and ending with June 30.

Name of School	School System/ District Name	Academic/ Fine Arts Program & Grade Level	State	Fiscal Year, July 1-June 30		Time Employed	
				Start Date Month/Day/ Year	End Date Month/Day/Year	Months/Days Per Year	

**Check one of the following:**

- Public School  
  Private School\*  
  Charter School\*  
  U.S. Government Service Teaching Program\*

**\*PLEASE NOTE: IF NON-PUBLIC SCHOOL, YOU MUST IDENTIFY ACCREDITATION**

The above school/school system was fully approved or accredited by the \_\_\_\_\_  
at the time the service was performed.

(State Department of Education, Regional Association of Colleges & Schools, or recognized private school accrediting association)

**I hereby certify that the above-listed experience is a true and correct copy of the records on file for the educator named above.**

**(The form MUST be signed by an authorized official from the agency/institution as stated above)**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_