

**SCHOOL DISTRICT OF MANATEE COUNTY  
HUMAN RESOURCES DEPARTMENT  
P.O. BOX 9069  
BRADENTON, FL 34206-9069  
(941) 708-8540 FAX (941) 708-8878**

NAME \_\_\_\_\_  
MAIDEN NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

THE ABOVE NAMED INDIVIDUAL WISHES TO SECURE CREDIT FOR PRIOR TEACHING EXPERIENCE OUTSIDE MANATEE COUNTY. COULD YOU PLEASE VERIFY THIS TEACHER'S TEACHING EXPERIENCE IN YOUR SCHOOL SYSTEM AND RETURN THIS VERIFICATION FORM TO THE SCHOOL DISTRICT OF MANATEE COUNTY. THANK YOU.

**LIST ONE YEAR'S EXPERIENCE ON EACH LINE**

NAME OF SCHOOL DISTRICT  PUBLIC _____ PRIVATE _____ (PLEASE CHECK)	TERM OF SERVICE AS FULL-TIME TEACHER						NUMBER OF DAYS TEACHER WORKED FULL-TIME IN EACH SCHOOL YEAR	NUMBER OF WORK DAYS IN EACH SCHOOL YEAR
	FROM			TO				
	MONTH	DAY	YEAR	MONTH	DAY	YEAR		

**FLORIDA SCHOOLS ONLY: PLEASE COMPLETE THE FOLLOWING QUESTIONS.**

1. DID THIS TEACHER HOLD A CONTINUING CONTRACT OR PROFESSIONAL SERVICES CONTRACT IN YOUR COUNTY? NO \_\_\_\_\_ OR YES \_\_\_\_\_.
2. DID THIS TEACHER COMPLETE THE BEGINNING TEACHER PROGRAM? NO \_\_\_\_\_ YES \_\_\_\_\_
3. AT THE TIME OF RESIGNATION, HOW MANY DAYS OF UNUSED SICK LEAVE DID THIS TEACHER HAVE? \_\_\_\_\_ DAYS.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
NAME OF SCHOOL DISTRICT

\_\_\_\_\_  
ADDRESS OF SCHOOL DISTRICT

