

HAMILTON SCHOOL BOARD
5683 Highway 129S, Suite 1
Jasper, FL 32052
386-792-7816 (Office)
386-792-3681 (Fax)

Instructional Work Experience Verification

Name

Claims teaching experience in your system for the following years: _____

Please confirm in the space provided below, using a separate line for each year of experience and return to Personnel.

| School Term | Name of School | Length of School Term (Days) | Number of Days Taught | County/State |
|-------------|----------------|------------------------------|-----------------------|--------------|
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Last contract held in your system: ____ Annual ____ Continuing

Date of issuance of last contract _____

I certify that the above information is true and correct according to the records in my office.

Seal of Board

Date

Signature of Superintendent or Designee

School System