

Employment 2 - Complete all applicable items. 180 FTE days in a school year (7/1 – 6/30) can be accepted

Position: _____
(Indicate title/subject and grade level)

Full-time: from: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)
Total number of full-time days worked _____

Part-time: Total full-time equivalent days: _____
from: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)

- a. For each school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.
- b. For each school year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period.
- c. Neither a or b

Employment 3 - Complete all applicable items. 180 FTE days in a school year (7/1 – 6/30) can be accepted

Position: _____
(Indicate title/subject and grade level)

Full-time: from: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)
Total number of full-time days worked: _____

Part-time: Total full-time equivalent days: _____
from: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)

- a. For each school year, the experience averaged 2.5 days per week in the subject area and was completed in periods of no less than 90 days.
- b. For each school year, the experience included at least 45 days of part-time, continuous school experience in the subject area and consisted of at least one class period each day with a consistent group of students during such time period.
- c. Neither a or b

Section III

I verify that the individual listed above gained the paid experience listed above at the public/private school of which I am the Superintendent, Superintendents designee, Head of Human Resources; or, the approved non-public/independent school of which I am the chief school officer; or with regard to Speech and Language Disabilities or Students with Disabilities experience only, the authorized official listed for the approved contracting agency.

Name of School or Employer: _____

Address of School or Employer: _____

Print Name of Administrator: _____

Administrative title: _____

Signature of Administrator: _____ Today's Date: ____/____/____

Email: _____ Phone Number: (_____) - _____ - _____

If the experience was earned while employed by a private entity for Speech and Language Disabilities or Students with Disabilities experience, the private entity must submit a copy of the contract with the public school district.