

VERIFICATION OF NON-TEACHING EXPERIENCE

last name	first name	middle name	maiden name
street address	city	state	zip code
social security number			

▶▶ **To the employer: Please return this form to the employee. Do not send it directly to the Licensure Section.**

Non-Teaching Work Experience (to be completed by employer)				
Employer	Beginning date of service (month, day, year)	Ending date of service (month, day, year)	Total hours worked per week	Position title (Please attach official job description)

I certify that this verification omits leave of absence periods and that all information is complete and correct according to the official records of this business.

signature of employer date title telephone

email address street address city, state, and zip code