



VERIFICATION OF COACHING EXPERIENCE

ROCKFORD PUBLIC SCHOOLS  
 Human Resources  
 501 7<sup>th</sup> Street  
 Rockford, IL 61104-2092

TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Name: \_\_\_\_\_

Print Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

I, the undersigned, grant permission to my former employer to disclose the information below on my behalf. I understand that the information is necessary for proper placement on the salary schedule.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

This form is used to verify experience outside of Rockford Public Schools District 205. It must be completed and sealed by your previous employer and returned directly to the HR department within 10 days of your new hire appointment to receive a salary adjustment effective your first day of employment.

ORGANIZATION NAME CITY, STATE	POSITION TITLE	DATE OF SERVICE (LIST EACH YEAR)	FROM MM/DD/YY	TO MM/DD/YY	HEAD COACH	ASSISTANT COACH	TOTAL YEARS IN COACHING POSITION
					Y	N	
					Y	N	
					Y	N	
					Y	N	
					Y	N	
					Y	N	
					Y	N	
					Y	N	

Authorized Official Signature \_\_\_\_\_

Title \_\_\_\_\_

School District \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

