

# ROCKFORD PUBLIC SCHOOLS

## VERIFICATION OF TEACHING AND/OR ADMINISTRATIVE 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 Teacher Salary Schedule.

Date

Teacher Signature

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. Verifications received after that date will not be processed until the semi-annual review of earned credits and will have an effective date of the 1st day of the current semester. CONTRACTED EMPLOYMENT ONLY; EXCLUDING LONG TERM LEAVES OF ABSENCE AND SUBSTITUTE / GUEST TEACHING.

Thank you.

SCHOOL DISTRICT SCHOOL NAME CITY, STATE	POSITION TITLE	DATE OF SERVICE (LIST EACH YEAR)	FROM MM/DD/YY	TO MM/DD/YY	FULL TIME	PART TIME	IF PART TIME INDICATE FTE
					Y	N	
					Y	N	
					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 \_\_\_\_\_

