

**MADEIRA CITY SCHOOLS
7465 LOANNES DRIVE
CINCINNATI, OH 45243**

TEACHING EXPERIENCE VERIFICATION FORM

PREVIOUS EMPLOYERS NAME & ADDRESS:

TO: _____

For salary purposes a statement of teaching experience verification, outside of the Madeira City School District, has been requested. I would appreciate you providing official verification on the form below. Please return this form directly to Emily Hauser, Treasurer, Madeira City Schools to the above address, or faxed to (513) 985-6072 or emailed to ehauser@madeiracityschools.org

Teacher's Name – Printed

Teacher's Signature

=====

NOTE: If teacher was under contract for less than a full school year, please give the number of days under contract. Continuous service at the same school may be listed on one line.

SCHOOL YEAR	SCHOOL NAME	BEGIN SERVICE MM/DD/YYYY	TERMINATED MM/DD/YYYY	HOURS PER DAY IF LESS THAN FULL-TIME	DAYS WORKED IN SCHOOL YEAR

This is to certify that the teaching experience listed above is correct for this school district.

Contract held (Limited or Continuing)

Person completing verification – please print

Date

School District