

(Duplicate this form on Employer's Letterhead)

**VERIFICATION OF TEACHING/ADMINISTRATIVE
Post-Secondary EXPERIENCE FORM**
(To Be Used By Employing Authority)

SOCIAL SECURITY NUMBER: _____

This is to certify that _____
(Last Name) (First Name) (Middle Name)

Any other name(s) used _____

Employed by: _____

City of: _____ State of: _____

*BEGINNING MONTH-DAY- YEAR	*ENDING MONTH- DAY-YEAR	*POSITION Please do not enter years working as a graduate assistant	*NUMBER Semesters WORKED	*Number of classes taught per Fall Semester	Number of classes taught per Spring Semester	Number of classes taught per Summer Semester

*Each field must be completed and broken down by each year worked.

SIGNATURE of Employing Authority

DATE

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TITLE