

## CERTIFIED EDUCATIONAL EXPERIENCE VERIFICATION FORM FOR TEACHING/SERVICE/LEADERSHIP

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	
<b>AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW</b>			
Signature _____		Date _____	

**Employee: Please complete the above information ONLY and send this form to your previous employer for verification of the following information:**

**Employer: Use one line for each academic year or change in status. Please complete EACH section for experience to be considered.**

- This District/Institution is private  public  and was fully accredited during dates of service by the \_\_\_\_\_ Department of Education and/or \_\_\_\_\_  
State Name of Regional Accrediting Agency
- Did Employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year since July 1, 2000?  Yes  No  
If yes, indicate school year(s) and rating(s): \_\_\_\_\_ (If additional space is needed, please use back of form.)

School District or Institution	State	Dates of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	Status		Hours per day	Position	Grade/Subject	Certification held at time of service (Yes/No)	Eligible for Immediate Re-employment (Yes/No)
		From M/D/Y	To M/D/Y			Full time	Part time					

### MISSISSIPPI SCHOOL SYSTEMS ONLY

- The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978 and credited to the employee named above in accordance with Mississippi Code Title 37, Education § 37-7-307  
\_\_\_\_\_ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above-named employee.
- Date of last paycheck for employee \_\_\_\_\_ Date of last health benefits deduction \_\_\_\_\_
- State Health Insurance – The employee named above was enrolled for  None  Single  Family coverage under the following option:  Gold HRA  Silver HRA  Bronze HRA
- HMO Carrier: \_\_\_\_\_  HDHP  Employee  Spouse  Child
- Did this employee gain tenure status?  Yes  No

I certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Signature of Superintendent or Authorized Official \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_

Area Code and Telephone Number \_\_\_\_\_

Official Seal of School District:

**Return form to: Clarksdale Municipal School District, Human Resources, PO Box 1088, 526 S Choctaw Street, Clarksdale, MS 38614**

**EMAIL FORM TO: [VERIFY@CMSD.K12.MS.US](mailto:VERIFY@CMSD.K12.MS.US)**