



OFFICIAL VERIFICATION OF LICENSED PROFESSIONAL SERVICES

New Employees must send this form to their former employer(s) for verification
Service credit cannot be given without a completed verification of experience form

Department of Human Resources
 9361 South 300 East
 Sandy, UT 84070-2998
 Office: (801) 826-5500
 Fax: (801) 826-5374

Name: Last, First, MI	Last 4 of Social Security #:	Instructions: This form is used to determine placement on the salary schedule for licensed personnel who have been employed by Canyons School District. We appreciate your help in providing the official verification of experience under contract, with a valid professional license . <i>Substitute, Internship, and University teaching experience do not count towards service credit.</i>
Address:		
Name under which service was rendered (if different from above):	Current Work/School Location:	

School Year During Which Service Was Rendered		School	Type of School	Position Held	Days in Full Contract Year	Actual Days Served	Hours Per Day Employed	Full Time	Part Time %
Beginning	Ending								

Is this individual eligible to be rehired in your district/company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Total Years of Experience: Years: _____ Months: _____
To your knowledge, has this individual ever had disciplinary action taken against his/her license? (e.g.: reprimand, suspension, revocation?)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is your school accredited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is a valid license required for the position(s) listed above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

I certify that the above information is true and correct according to our official records:

Company Verifying Former Employment:	Signature of Certifying Officer:
Mailing Address:	Title:
Phone Number:	Date: