

**ESCAMBIA COUNTY SCHOOL DISTRICT
HUMAN RESOURCE SERVICES DEPARTMENT
75 NORTH PACE BOULEVARD
PENSACOLA, FLORIDA 32505
(850) 469-6370**

REQUEST FOR VERIFICATION OF TEACHING EXPERIENCE

To: _____

Date: _____

I, _____, social security number _____ XXX-XX-_____, wish to secure credit for prior teaching experience in your system.

Employee Signature

List each School Year worked separately. Days in each school year and exact number of days worked must be provided. (If part-time, all columns must be completed.)

PLEASE COMPLETE ALL COLUMNS BY YEAR

Name of School	Public School Yes / No	Position	Term of Service as Teacher		# of School Days in the School Year	# of Days the Teacher worked each year	# of hours per day (part-time only)
			From	To			

Was this experience satisfactory? Yes No

**FLORIDA ONLY: Was this person under Continuing/Professional Contract at time of
resignation? Yes No**

Date: _____

Signature

Title

Affix Seal

Please call (850) 469-6170 for assistance with this form. This form can be returned by regular mail or email (hrgeneral@ecsdfl.us).

Updated 9/21/2023