

SECTION III - APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY EXTRA DUTY EXPERIENCE.

BEGINNING DATE OF EMPLOYMENT

END DATE OF EMPLOYMENT

TOTAL YEARS TAUGHT

EXTRA DUTY POSITION

GRADE LEVEL

EXTRA DUTY POSITION

GRADE LEVEL

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP

ADMINISTRATORS NAME (PRINT)

ADMIN. POSITION

SCHOOL NUMBER

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ADMINISTRATORS SIGNATURE

DATE:

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