

**Sumter County School Board**  
**VERIFICATION OF SUCCESSFUL TEACHING EXPERIENCE**



PS-50  
Rev. 02/18

**TO:**

**Sumter County School Board**  
**2680 West CR 476**  
**Bushnell, FL 33513**  
**Phone 352-793-2315, Ext. 50229**  
**Fax 352-793-2096**

**FROM: Human Resources**

**SUBJECT: Verification of Successful Teaching Experience**

\_\_\_\_\_ has been appointed to a teaching position in this school system. Please verify his/her **full-time** teaching under contract in your school system for which **he/she received a satisfactory performance** evaluation so that we may know where to place this teacher on our salary schedule. A years' teaching experience must include at least 99 days active duty during a school year.

The teacher named above requests verification of service from \_\_\_\_\_ to \_\_\_\_\_  
YR. YR.

I HEREBY GRANT MY PERMISSION FOR YOU TO RELEASE THE EMPLOYMENT INFORMATION BELOW FROM MY PAY/PERSONNEL RECORDS.

\_\_\_\_\_  
Employees Signature Date Last 4 digits of Social Security Number

PLEASE USE SEPARATE LINE FOR EACH YEAR OF EMPLOYMENT. PLEASE COMPLETE IN DETAIL						
FULL TIME TEACHING ONLY						
NAME OF SCHOOL	FROM MO DAY YR.	THROUGH MO DAY YR.	SUBJECT	GRADE LEVEL	NO. OF DAYS IN SCHOOL YR.	NO. OF DAYS WORKED

**PLEASE CHECK:** Is your institution public ☐ or private ☐

If private, was it regionally accredited: Yes ☐ No ☐ Give Name, Address, and Phone number of accrediting agency.

\_\_\_\_\_  
Name of Agency Address of Agency City State Zip Phone Number

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_,

Who is personally known to me or who has produced \_\_\_\_\_ as identification.

Notary Public, State of \_\_\_\_\_ My Commission expires: \_\_\_\_\_

Affix District Seal/Stamp  
OR  
Notary Stamp

\_\_\_\_\_  
Signature of Notary Public