EXPERIENCE VERIFICATION FORM

Please complete and return this form to:
Risk Management Office
Roman Catholic Diocese Of Lexington
1310 West Main St.
Lexington, KY 40508

Dear_____
(Superintendent of Schools)

I wish to establish my teaching and/or administrative experience in your school system with the Diocese of Lexington Catholic Schools Office, for the purpose of computing salary. I shall appreciate your giving below the dates of full school years and parts of school years of my experience in your system.

Teacher/Principal, please complete lines 1 through 5.

1. Name_____
(Last) (First) (Middle) (Maiden)

2. Address_____
(Street) (City) (State) (Zip)

3. SS#_____ KY Certification Number (if different)_____

_____
(Area, Grade, or Subject) (Schools in which I was employed)

4. Dates of employment_____ _____
(From: Month/Year) (To: Month/Year)

5. Teacher / Principal Signature_____Date_____

The above-named person taught in the _____
School/School district as follows (please list each year separately):

DATE YYYY to YYYY	NO. DAYS TAUGHT	NO. DAYS IN SCHOOL YEAR	FULL TIME, OR INDICATE % PART-TIME
To			
To			
To			
To			
To			

(Use Additional Sheets if Necessary)

I hereby certify that the experience listed above is a true and correct copy of the records on file for the teacher / principal named above.

Authorized Signature and Position_____

Address_____

Date_____