

PRIOR WORK EXPERIENCE FORM

Portland Public Schools
 Attn: Human Resources
 P.O. Box 3107 Portland, OR 97208-3107
 Email: hrprofessionalgrowth@pps.net

To: _____

This will authorize you to verify my experience from:

| | | |
|--|----|---------------------------|
| Beginning Date of Employment | to | Ending Date of Employment |
| School District, College or University | | City, State, Zip |
| Address | | Print or Type Name |
| Full name at time of employment | | Signature |
| Former name under which records may be filed | | |
| Social Security Number | | |

THIS SECTION TO BE COMPLETED BY THE EMPLOYER ONLY - PLEASE RETURN THIS VERIFICATION FORM WITHIN 60 DAYS

Verification of Professional Educator Employment

Salary Placement is dependent upon verification of experience. Please certify that the employee whose signature appears above was employed in a professional educator position as a regularly employed educator on a full or part-time basis. **Include substitute teaching, tutoring, interning, or other work done outside of regular employment and assignments as a separate entry.**

Please fill in the beginning and ending dates for each year of employment. If the employment is less than 135 days, please indicate the exact number of days paid. Use reverse side if more space is needed.

| From | | | To | | | Position Title | Actual No. of paid calendar days employed | Check one column | | |
|-------|-----|------|-------|-----|------|----------------|---|------------------|---------------------------------|---------------------|
| Month | Day | Year | Month | Day | Year | | | Full time | One-half time but not full time | Less than half time |
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|-----------------------------------|---------------|
| Typed or Printed Name of Official | Signature |
| Date | Title |
| Phone Number | Email Address |

Agency verifying employment should send this form directly to:
 Portland Public Schools – Human Resources Professional Growth
 P.O. Box 3107, Portland, OR 97208-3107
 Email: hrprofessionalgrowth@pps.net

