



Teacher's Verification of Work Experience

SECTION I : (To be completed by Employee)

Please complete this form in order to have your previous teaching or teacher on-call experience considered for salary purposes by the West Vancouver School District. For each previous employer, please complete Section I and ask each previous employer to complete Section II and forward this form directly to the Human Resources Department.

Name of Teacher: _____

Previous teacher name(s) (if applicable): _____

Previous Employing School Board: _____

Address: _____

Employee Signature Authorizes Release of Employment Information to West Vancouver School District:

Employee Signature

Date Signed

NOTE: *If applicable, in order to apply to port seniority and/or sick leave from a previous employer complete the following additional forms:*

1) Verification of Accumulated Sick Leave Credit

2) Verification of Accumulated Seniority

You will receive notification from HR once your work experience has been credited. In order for experience to be accepted for salary scale purposes it must meet the terms and conditions of Section B, Article 22 of the Collective Agreement between the West Vancouver Teachers' Association and West Vancouver School District.

SECTION II: (To be completed by previous Employer)

- ***If periods of contract employment contained any leaves of absence over 2 weeks, please provide details.***
- ***Please attach details if you require additional space.***

YY	FROM MM	DD	YY	TO MM	DD	F.T.E.%	SUBJECT/ ASSIGNMENT TYPE

Total Experience Credit: _____ Years _____ *Days (from your district only)



Please verify the following by selecting *Yes* or *No* as it relates to the above employment:

1. A Teaching Certificate was required for employment Yes No
2. Employee was under the supervision of a recognized accredited educational authority (***i.e. public school board***) Yes No
3. Employing authority was supported by or was eligible for public funding Yes No
4. Programs of study were similar to programs offered in public school system (*Important: If outside Canada, please attach outline/pamphlet of prescribed curriculum*) Yes No
5. Please provide a brief Job Description (Indicate age of children):

Date Signed: _____

Phone Number: _____

Certified By: _____
Signature

Position

Please place corporate seal or stamp here to confirm your company/position.