



## Teacher's Verification of Work Experience

**SECTION I: (To be completed by Employee)**

Please complete this form in order to have your previous teaching 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. As outlined in the collective agreement, this signed document is to be returned within three (3) months of commencement of employment. Placement will be at 'zero' level of experience until this information is received.

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 e-mail 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. It is your responsibility to verify that your previous employer(s) has forwarded all necessary documentation and that the information provided is accurate.*

**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.