



**Fort Vermilion
School Division**

**REQUEST FOR VERIFICATION
OF TEACHING EXPERIENCE**

To be completed by School District Administration

Please email completed form to hr@fvsd.ab.ca

Full Legal Name of Teacher:	Previous Name:
Last known Address:	Date of Birth:

<i>The above-named teacher taught for the period(s) noted below:</i>					
From: D - M - Y	To: D - M - Y	Days Under Contract	FTE- Full Time Equivalent	Substitute Teaching	Total Days Taught

At the end of their contract the teacher was at _____ year(s) of education and _____ year(s) of experience on our Collective Agreement salary grid in recognition of total qualifying experience earned with our Board and previous School Boards.

I declare that the teaching experience for salary purposes meets the following conditions:

1. Experience was gained while holding a valid Alberta Teaching Certificate, or recognized equivalent, and while working in a position that requires a teaching certificate as a condition of employment.
2. Substitute teaching days are within the preceding five years.
3. Experience was not gained during vacation periods nor leaves of absence without salary.

Name of School District	Name and Title of Authorized Official
Date completed	Authorizing Signature