

HAMILTON SCHOOL  
BOARD 5686 Highway 129S,  
Suite 1 Jasper, FL 32052  
386-792-7816 (Office)  
386-223-4448(Fax)

Instructional Work Experience Verification

\_\_\_\_\_  
Name

Claims teaching experience in your system for the following years:

\_\_\_\_\_

Please confirm in the space provided below, using a separate line for each year of experience and return to Personnel.

School Term	Name of School	Length of School Term (Days)	Number of Days Taught	County/State

Last contract held in your system: \_\_\_\_ Annual \_\_\_\_ Continuing

Date of issuance of last contract \_\_\_\_\_

I certify that the above information is true and correct according to the records in my office.

Seal of Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent or Designee

System

\_\_\_\_\_  
School