



# Verification of Service

FOR OFFICE USE ONLY

Matanuska-Susitna Borough School District  
 501 N Gulkana Street  
 Palmer, AK 99645  
 Phone: 907-746-9200 Fax: 907-761-4088

**I. PERSONAL DATA (To Be Completed By The Teacher)**

**ATTN:**

Last Name	First Name	M.I.	Prior	Social Security Number
Mailing Address (Street, City, State, Zip +4)				
Name Under Which Service Was Rendered (if different from above)				Telephone Number

**INSTRUCTIONS**  
 This form should be completed by the responsible person in charge of records where the service was rendered. Please return the completed form to the Matanuska-Susitna Borough School District at the above address. **LIST CHRONOLOGICALLY EACH SCHOOL YEAR** of teaching experience rendered under your jurisdiction by the applicant. Return to the employee for concurrence/review. Employee should submit all verifications at one time to the MSBSD.

**II. TEACHING EXPERIENCE (To Be Completed By Responsible School Official)**

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	*1 TYPE OF SCHOOL	*2 ACCREDITED		LENGTH OF SCHOOL TERM (DAYS)	*3 ACTUAL DAYS SERVED	*4 HOURS PER DAY EMPLOYED	POSITION HELD	*5 TEACHING CERTIFICATE REQUIRED		TYPE OF TEACHING (Check those that apply and complete Contract %)				*6 ACADEMIC STANDING		
				YES	NO					YES	NO	FULL TIME	PART TIME	CON-TRACT %	SUBSTI-TUTE	YES	NO	
START DATE	END DATE																	
July 1, _____	June 30, _____			<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>
July 1, _____	June 30, _____			<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>
July 1, _____	June 30, _____			<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>
July 1, _____	June 30, _____			<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>
July 1, _____	June 30, _____			<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>						<input type="radio"/>	<input type="radio"/>

\*1 **TYPE OF SCHOOL** - For type of school enter **PUB** for Public, **DEN** for Denominational, **IHL** for Institution of Higher Learning or **FGN** for Foreign Schools.  
 \*2 **ACCREDITED** - A school will be considered accredited only if officially accredited by a state Department of Education, a territorial association, one of the regional accrediting associations (i.e., Northwest schools operated by the United States and in foreign countries when the school has been accredited by a recognized agency of the United States.  
 \*3 **ACTUAL DAYS SERVED** - Actual days served should include all paid personal or sick leave taken as work days during the school year.  
 \*4 **HOURS PER DAY EMPLOYED** - For elementary or secondary school, indicate the number of hours in a normal work day. For an Institution of Higher Learning, indicate the number of credit hours taught (i.e., 3CH)  
 \*5 **TEACHING CERTIFICATE** - A position will be considered creditable only if that position required a teaching certificate as a condition of employment (regardless of whether or not the employee already held one).  
 \*6 If an Institution of Higher Learning, please indicate if individual has academic standing.

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICAL RECORDS.**

School/Institution Name	Signature of Certifying Official	Date
School Mailing Address (Street, City, State, Zip +4)	Printed Name and Title	