

Yupit School District

Box 51190 • Akiachak, AK 99551 • (907) 825-3600 • FAX (877) 825-2404



VERIFICATION OF SERVICE

I. PERSONAL DATA (To be completed by Teacher)

NAME LAST	FIRST	MI	SOCIAL SECURITY 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 Yupit School District at the above address. List chronologically each school year of teaching service rendered under your jurisdiction by the applicant.
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE	
NAME UNDER WHICH SERVICE WAS RENDERED (IF DIFFERENT FROM ABOVE)			TELEPHONE NUMBER	

II. TEACHING EXPERIENCE (To be completed by responsible school official)

SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED		NAME OF SCHOOL	<input type="checkbox"/> 1 TYPE OF SCHOOL	<input type="checkbox"/> 2 ACCREDITED		LENGTH OF SCHOOL TERM (DAYS)	<input type="checkbox"/> 3 ACTUAL DAYS SERVED	<input type="checkbox"/> 4 HOURS PER DAY EMPLOYED	POSITION HELD	<input type="checkbox"/> 5 TEACHING CERTIFICATE REQUIRED?		TYPE OF TEACHING			<input type="checkbox"/> 6 ACADEMIC STANDING	
BEGINNING	ENDING			YES	NO					YES	NO	FULL-TIME	PART-TIME	SUBSTITUTE	YES	NO
July 1,	June 30,															
July 1,	June 30,															
July 1,	June 30,															
July 1,	June 30,															
July 1,	June 30,															
July 1,	June 30,															
July 1,	June 30,															

- 1 **TYPE OF SCHOOL** – For type of school enter PUB for Public, PRI for private, DEN for Denominational, IHL for Institute 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 accrediting 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 Institute of Higher Learning, please indicate if individual had academic standing.

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

School Mailing Address	Signature of Certifying Officer	Date
City	State	Zip Code
Print Name and Title		