

**Chillicothe R-II School District – Human Resources Department**  
 1020 Old Hwy 36 W., P O Box 530 – Chillicothe, MO 64601

TO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This will authorize you to verify my teaching experience from \_\_\_\_\_ to \_\_\_\_\_  
 in/at \_\_\_\_\_ (School District) \_\_\_\_\_ (Street Address) \_\_\_\_\_ (City, State, Zip)

Determination of my salary placement is dependent upon the verification of my teaching experience. Please complete this form and return it to the Human Resources Department at the above address. At the time of employment my full name was:

\_\_\_\_\_ (Print or type name) \_\_\_\_\_ (Former name under which records may be filed)

\_\_\_\_\_ (Teacher's signature) \_\_\_\_\_ (Social Security Number) \_\_\_\_\_ (Subject(s) Taught)

Verification of Teacher Employment

This is to certify that the teacher whose signature appears above was employed in a teaching position as a regularly employed teacher on a full or part-time basis. Do not include substitute teaching, tutoring, interning or other work done outside of regular employment and assignments as a teacher.

State	Accredited School District Name & Number	Check One		Subject(s) Taught	Dates of Service					Total Years Of Service
		Full Time	Part Time # of Hrs		Mo Yr	Day	Yr	Mo	Day	
					to					

\_\_\_\_\_ Signature \_\_\_\_\_ Print Name & Title \_\_\_\_\_ Date

**VERIFICATION OF EXTRA ASSIGNMENTS**

POSITION (List each extra duty separately)	DATES OF SERVICE Mo. Day Yr.                      Mo. Day Yr.	TOTAL YEARS OF SERVICE

**PLEASE RETURN THIS FORM TO:  
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