BUCKEYE VALLEY LOCAL SCHOOLS
TREASURER'S OFFICE

TO: _____
School District

_____
Street

_____
City State Zip

FROM: _____
Last First (Maiden Name)

_____
Street

_____
City State Zip

I have been requested to furnish verification of my service in your school district. This form must be completed and returned within 30 days to the address below, in order for me to receive credit for salary purposes.

I was employed in your system from _____ to _____ Social Security No. _____

VERIFICATION OF EXPERIENCE

This is to verify that _____ was employed as a teacher under a Limited _____ or Continuing _____ contract in our district for the years listed. Instructions: "Complete" school years may be listed in time frames; i.e. 1972-80. Partial years should be listed on a separate line. Please list contract teaching experiences, grade K-12 only. Substitute teaching is considered contract teaching.

SCHOOL YEAR	MONTHS IN SCHOOL YR.	NO. DAYS TAUGHT	NAME OF SCHOOL	CITY & STATE ZIP CODE

Is your school system chartered by your state? _____ Yes _____ No

_____
Authorized Signature

_____
Title

_____
Date

Return to: Treasurer
Buckeye Valley Local Schools
679 Coover Road
Delaware, Ohio 43015