ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
DIVISION OF HUMAN RESOURCES
2644 RIVA ROAD ANNAPOLIS, MD 21401
TELEPHONE: 410-222-5061 FAX: 410-222-5600

VERIFICATION OF RELATED EXPERIENCE

The Negotiated Agreement between the Teachers Association of Anne Arundel County and the Board of Education permits consideration of "related experience" in the computation of teacher salaries. For consideration to be given, this verification of related experience credit form must be completed. Successful job performance must be indicated on this form. The completed form should then be forwarded to the address above.

PART A: TO BE COMPLETED BY APPLICANT

Last Name: | **First Name:** | **MI:**

Social Security Number:

Former Name(s): | **Period of Employment:**

BY SIGNING BELOW, I AUTHORIZE MY FORMER EMPLOYER TO COMPLETE THIS FORM AND RETURN IT TO THE ADDRESS LISTED ABOVE.

Signature **Date**

PART B: TO BE COMPLETED BY COMPANY

Company Name: **Address:**

City, State Zip Code: **Job Title of Above:**

Job Description:

Job Responsibilities:

Setting in which the applicant worked:

Skills Required:

Was the Work Performance satisfactory? ☐ **Yes** ☐ **No**

PERIOD OF EMPLOYMENT (mm/yy – mm/yy)		**TOTAL HOURS PER WEEK (FULL-TIME OR PART TIME)**		**AMOUNT OF TIME PERFORMING THE SKILLS FOR THIS JOB**	

If experience was in a **MARYLAND public school system,** indicate accumulated sick leave ***not paid out***:

I verify that this record **OMITS LEAVE OF ABSENCE PERIODS** and that all information is complete and correct according to the official records of the institution.

Supervisor's Signature	Title	Date
(PLEASE PRINT NAME)		Telephone Number