EMPLOYEE IS TO SEND THIS TO
FORMER DISTRICT FOR VERIFICATION

NEBO SCHOOL DISTRICT

Attn: Human Resources
350 South Main, Spanish Fork, UT 84660
Phone: 801-354-7400 Fax: 801-354-7496
Email: jackie.olsen@nebo.edu

PLEASE COMPLETE AND RETURN TO
NEBO SCHOOL DISTRICT

OFFICIAL VERIFICATION OF TEACHING SERVICE

For the purpose of determining the placement on the salary schedule for teachers who are employed in the Nebo School District, we would appreciate your help in providing the official verification of teaching experience under contract in your district in the space provided below.

Employee _____ Social Security Number _____
(First) (Middle/Maiden) (Last)

School Years During Which Service Was Rendered		School	Assignment	Pub	*PS	Number of Years	Full Time	Part Time %
Beginning	Ending							

*(PS) - Please send verification of accreditation of Private School. Total Experience _____

I certify that the above information is true and correct according to our official records.

District _____ Yes ◯ No ◯ Was a valid teaching certificate held at time of service?

Address _____ Yes ◯ No ◯ Was School accredited by proper State authority?

_____ Yes ◯ No ◯ Were any of the positions listed above internships?

Phone _____ Verified By _____

Date _____ Title _____