



VERIFICATION OF TEACHING EXPERIENCE

Section 1: (To be completed by Employee)

Please complete this form in order to have your previous teaching experience considered for salary purposes by the Burnaby School District. For each previous employer, please complete Section I and ask each previous employer to complete Section II and then forward this form directly to the Human Resources Department. ***This signed document is to be returned within two (2) months of commencement of employment or within two (2) months of notification of required documentation, whichever is later.*** Placement will be at "0" (zero) level of experience until this information is received.

Name of Teacher: _____

Previous Teacher name(s) (if applicable): _____

Previous Employing School Board: _____

Address: _____

Employee Signature Authorizes Release of Employment Information to Burnaby School District:

Employee Signature

Date Signed

You will receive notification from HR through a Staff Change Form once your work experience has been credited. In order for experience to be accepted for salary scale purposes it must meet the terms and conditions of Section B.24 of the Collective Agreement between the Burnaby Teachers' Association and the Burnaby Board of Education. It is your responsibility to verify that your previous employer(s) has forwarded all necessary documentation and the information provided is accurate.

SECTION II: (To be completed by previous Employer)

- ***If periods of contract employment contained any leaves of absence over 2 weeks, please provide details***
- ***Please attach details if you require additional space***

YY	FROM MM	DD	YY	TO MM	DD	F.T.E. %	SUBJECT/ASSIGNMENT TYPE (C=Continuing/T=Temporary/O=TOC/On Call)

Total Experience Credit: _____ Years _____ Months (from your District only)

Please verify the following by selecting *Yes* or *No* as it relates to the above employment:

1. A Teaching Certificate was required for employment Yes No
2. Employee was under the supervision of a recognized accredited educational authority (i.e. public school board) Yes No
3. Employing authority was supported by or was eligible for public funding Yes No
4. If outside Canada, the Commonwealth and the U.S.A. did the institution deliver Canadian curriculum Yes No

Date Signed: _____

Phone Number: _____

Certified By: _____

Signature

Position

Please type your name:

Please place corporate seal or stamp here to confirm your company name.

NOTE: If applicable, in order to apply to port seniority and/or sick leave from a previous employer complete the following additional forms:

- 1) *Verification of Accumulated Sick Leave Credit*
- 2) *Verification of Accumulated Seniority*