

Verification of Paid Experience Form for School Building Leaders/School Administrator Supervisors

New York State public school districts and charter schools located in New York should not complete this form, as they are required to verify experience by entering a Superintendent Statement onto the candidate's account in the [TEACH](#) system. Other employers that have administrative access to TEACH are free to enter Superintendent Statements as well but are not required to do so.

For all other employers, this form must be completed and submitted by one of the following individuals: Superintendent, Superintendent's designee, Director of Human Resources/Payroll, or other chief school officer (e.g., - Principal, President, CEO, Dean, Headmaster).

Instructions

The form must be completed and submitted **by the employer** and must be sent to the Office of Teaching Initiatives via email to otexpverif@nysed.gov. **The Office of Teaching Initiatives does not accept the form if it is sent by the applicant.** It is suggested that the employer provide the certificate holder with a copy of this completed form for his/her records.

The end date of employment must be on or before today's date; future end dates, "to present", and/or incomplete forms will not be accepted. For part-time or full-time experience that was not for an entire academic year, the number of full-time equivalent days worked must be included.

Employee Information		
First Name:	Last Name:	Middle Initial:
Date of Birth: ____/____/____(mm/dd/yyyy)	Last 4 Digits of Social Security Number:	
Certificate title(s) for which the certificate holder is requesting this form be completed:		
Employment Year 1		
Position (Title):		
<input type="checkbox"/> Full-time: Total number of full-time equivalent days worked: ____ From: ____/____/____(mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy)		
<input type="checkbox"/> Part-time: Total number of full-time equivalent days worked: ____ <i>Hourly employment must be converted to full-time equivalencies.</i> From: ____/____/____(mm/dd/yyyy) to: ____/____/____(mm/dd/yyyy)		
1. Was the position in the unclassified service (not civil service)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. The number of contractual periods per day that the educator was assigned to administrative duties was ____.		
3. The number of contractual periods per day that the educator was assigned to teaching duties was ____.		
4. The number of teachers or other certified professionals supervised by the educator was ____.		
5. Check the <u>type of experience</u> completed (mark only one box): <input type="checkbox"/> School building level <input type="checkbox"/> District level <input type="checkbox"/> Instructional Support Services (ISS) in professional development, pedagogical support, technical assistance, consultation, and/or program coordination offered by teachers to other school personnel.		

Employment Year 2	
Position (Title):	
<input type="checkbox"/> Full-time: Total number of full-time equivalent days worked: _____ From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
<input type="checkbox"/> Part-time: Total number of full-time equivalent days worked: _____ <i>Hourly employment must be converted to full-time equivalencies.</i> From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
1. Was the position in the unclassified service (not civil service)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The number of contractual periods per day that the educator was assigned to administrative duties was _____.	
3. The number of contractual periods per day that the educator was assigned to teaching duties was _____.	
4. The number of teachers or other certified professionals supervised by the educator was _____.	
5. Check the <u>type of experience</u> completed (mark only one box): <input type="checkbox"/> School building level <input type="checkbox"/> District level <input type="checkbox"/> Instructional Support Services (ISS) in professional development, pedagogical support, technical assistance, consultation, and/or program coordination offered by teachers to other school personnel.	
Employment Year 3	
Position (Title):	
<input type="checkbox"/> Full-time: Total number of full-time equivalent days worked: _____ From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
<input type="checkbox"/> Part-time: Total number of full-time equivalent days worked: _____ <i>Hourly employment must be converted to full-time equivalencies.</i> From: ____/____/____ (mm/dd/yyyy) to: ____/____/____ (mm/dd/yyyy)	
1. Was the position in the unclassified service (not civil service)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. The number of contractual periods per day that the educator was assigned to administrative duties was _____.	
3. The number of contractual periods per day that the educator was assigned to teaching duties was _____.	
4. The number of teachers or other certified professionals supervised by the educator was _____.	
5. Check the <u>type of experience</u> completed (mark only one box): <input type="checkbox"/> School building level <input type="checkbox"/> District level <input type="checkbox"/> Instructional Support Services (ISS) in professional development, pedagogical support, technical assistance, consultation, and/or program coordination offered by teachers to other school personnel.	
For additional years, please make copies of this page to extend the form.	
Attestation of Experience	
I verify that this individual gained the paid experience listed above at the school of which I am the Superintendent, Superintendent's designee, Director of Human Resources, or chief school officer.	
Name of School or Employer:	
Address of School or Employer:	
Print Name of Administrator:	
Administrative Title:	
Signature of Administrator:	Today's Date: / / (mm/dd/yyyy)
Email:	Phone Number: ()