PO Box 340



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## **CONFIRMATION OF PREVIOUS TEACHING EXPERIENCE**

As your previous teaching experience will be used in evaluating your salary, it will be necessary for you to forward a copy of the statement below signed by the Human Resources department designate of the most recent School District in which you taught. It is important that the signed form be forwarded to this office without delay. In some cases it may be necessary for you to make application for verification of experience to more than your most recent employer.

This is to certify that			taught in School District		
			<del></del>	(Official Name of School District)	
for the period(s) i	ndicated below.				
Please indicate ty	pe of employmer	B = tempora	ing/regular (formal appointme ary/term (formal appointment please specify)	•	
FROM DD/MM/YR	TO DD/MM/YR	% Time Taught	Type of Employment	Remarks	Receiving District Use Only
	//	%		_	_
//	//	%			_
//	//	%			
	//	%			
			A total of	years(s),	month(s)
Date			Hu	man Resources Depart	ment Delegate
School District #	and Name				Phone Number