DIOCESE OF
FORT WAYNE-SOUTH BEND
SECRETARIAT FOR CATHOLIC EDUCATION
CATHOLIC SCHOOLS OFFICE
PO Box 390, Fort Wayne IN 46801 | PHONE 260-422-4611 | FAX 260-426-3077

VERIFICATION OF EXPERIENCE

Mr(s)._____SS #XXX-XX-_____, who has applied to teach in Diocese of Fort Wayne-South Bend, states that (s)he has taught _____years in your school system at _____School. It is necessary to verify the licensed teaching experience of this person for the purpose of computing salary. Please complete the form below giving the dates of teaching, both full-time and part-time, of school years in your system. Please return this information to the above address at your earliest convenience.

Sincerely,

Catholic Schools Office
Diocese of Fort Wayne-South Bend

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The above named person taught in the _____ School/School District.

☐ This school is accredited by _____. ☐ This school is NOT accredited.

Please list each year separately.

DATE:	# DAYS TAUGHT	# DAYS IN SCHOOL YEAR	INDICATE FULL TIME OR %AGE PART TIME
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 20___	_____	_____	_____
20___to 19___	_____	_____	_____
19___to 19___	_____	_____	_____
19___to 19___	_____	_____	_____
19___to 19___	_____	_____	_____

I hereby certify that the experience listed above is a true and correct copy of the records on file for the above named teacher.

_____ SIGNATURE

_____ PRINT NAME

_____ POSITION

_____ ADDRESS

_____ PHONE

_____ DATE