



**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS)  
VERIFICATION OF PROFESSIONAL EDUCATOR EMPLOYMENT  
FOR SALARY RATING PURPOSES**

*Form Approved  
OMB No. 0704-0370  
Expires Mar 31, 2005*

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0370). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS IN SECTION II.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 20 USC, Sections 902 and 903; PL 86-91; and EO 9397.

**PRINCIPAL PURPOSE(S):** Used to verify employment history of educator applicants and to determine creditable previous experience for pay-setting purposes on selected candidates.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Voluntary. Use of personal identifiers is solely to provide positive identification of the individual. However, failure to provide personal identifier information may hinder efforts to verify and allow credit for previous employment experience.

**SECTION I - APPLICANT DATA**

1. NAME (Last, First, Middle Initial)		2. SSN	3. FORMER SCHOOL/PLACE OF EMPLOYMENT
4. POSITION TITLE (Teacher, Counselor, Administrator, etc.)			5. FORMER SCHOOL/PLACE OF EMPLOYMENT ADDRESS (Street, City, State, and Zip Code)
6. ACADEMIC LEVEL (X one)	c. SENIOR HIGH		
a. ELEMENTARY	d. VOCATIONAL HIGH		
b. JUNIOR HIGH	e. COLLEGE		
7. SIGNATURE OF APPLICANT			8. DATE SIGNED (YYYYMMDD)

**SECTION II - EMPLOYMENT DATA**

If employee was paid for the entire month at the beginning and end of service, use those dates instead of the dates when school was in session. If there was a break in service, indicate each period of employment separately. It is necessary that we have the specific day as well as the month and year. Your assistance in completing this form is appreciated. Please return it as soon as possible to the applicant in a sealed envelope.

9. DATES OF EMPLOYMENT		
a. FROM (YYYYMMDD) TO (YYYYMMDD)	b. FROM (YYYYMMDD) TO (YYYYMMDD)	c. FROM (YYYYMMDD) TO (YYYYMMDD)
10. APPLICANT WAS EMPLOYED (X one)		11. ADDRESS (Street, City, State, and Zip Code)
<input type="checkbox"/> a. FULL TIME	<input type="checkbox"/> b. PART TIME (Enter number of periods or hours per week) → <input type="text"/>	
12. LENGTH OF SCHOOL YEAR (Specify in months)		
13. TYPED OR PRINTED NAME OF EMPLOYER (Last, First, Middle Initial)		14. TITLE
15. EMPLOYER SIGNATURE		16. DATE SIGNED (YYYYMMDD)

**NOTE:** No salary credit can be awarded for the following:

- |                        |  |
|------------------------|--|
| 1. Per diem substitute | 3. Tutoring  |
| 2. Student Teaching    | 4. Teacher aide or other paraprofessional experience |