



**REQUEST FOR VERIFICATION  
OF TEACHING EXPERIENCE**

*To be completed by School District Administration*

**Please email completed form to [hr@fvsd.ab.ca](mailto:hr@fvsd.ab.ca)**

Full Legal Name of Teacher:	
Previous Name:	

<i>The above-named teacher taught for the period(s) noted below:</i>					
<b>From: D - M - Y</b>	<b>To: D - M - Y</b>	<b>Days Under Contract</b>	<b>FTE- Full Time Equivalent</b>	<b>Substitute Teaching</b>	<b>Total Days Taught</b>

**Effective \_\_\_\_\_, this teacher was placed at \_\_\_\_\_ year(s) of education and \_\_\_\_\_ year(s) of experience on our Collective Agreement salary grid in recognition of total qualifying experience earned with previous School Boards.**

I declare that the teaching experience for salary purposes meets the following conditions:

1. Experience was gained while holding a valid Alberta Teaching Certificate, or recognized equivalent, and while working in a position that requires a teaching certificate as a condition of employment.
2. Substitute teaching days are within the preceding five years.
3. Experience was not gained during vacation periods nor leaves of absence without salary.

Name of School District	Name and Title of Authorized Official
Date completed	Authorizing Signature