

**Verification of Service**  
**Kuspuk School District PO Box 49, Aniak, Alaska 99557**  
 Fax: 907-675-4305 Phone: 907-675-4250

ATTN: \_\_\_\_\_

**I. Personal Data (To be completed by applicant/employee)**

Last Name	First Name	M.I.	SSN:	Other Name Used
Street Address:	City:	State:	Zip:	Date:

**II. Teaching Experience (To be completed by authorized school official – please list each year worked separately)**

Begin m/d/yr.	End m/d/yr.	Name of School	Position Held	*1 Type of School	Length of School Term (days)	*2 Actual Days Served	*3 Teaching Certificate Required (Y, N)	Type of Teaching: Full-Time Part-Time Substitute	Hours Per Day	% Contract (FTE)

\*1. Type of School – Enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institute of Higher Learning, or FGN for Foreign Schools.  
 \*2. Actual Days Served – Include all paid personal or sick leave taken as work days during the school year.  
 \*3. Teaching Certificate – A position will be considered creditable only if that position required a teaching certificate as a condition of employment.

<b>I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.</b>		
Signature of Certifying Officer	Printed Name and title	Date
School Mailing Address	City, State, Zip	