



P.O. Box 208 Colfax, LA 71417 Ph: (318) 627-3274 Fax: (318) 627-5931

Date: _____

The following person claims teaching experience in your school/system.
Please complete the items below based on your records.

Name: _____ Social Security # _____

School Year	State	Parish/County	Full-Time/ Part-Time	Total Days Worked	Total Contract Days

Years of credit allowed upon being first hired by your school/system: _____ Years

Total years of experience paid for last year in your school/system: _____ Years

The following items are to be completed by Louisiana public school systems only:

Number of accumulated regular sick leave days remaining as of last day of employment: _____

Number of Extended Sick Leave days remaining as of last day of employment: _____

Beginning date of Extended Sick Leave six year period (MM/DD/YYYY): _____

Ending date of Extended Sick Leave six year period (MM/DD/YYYY): _____

Was there an interruption in service during this six year period?: Circle Yes or No

If yes, explain documented circumstances and dates of interruption.

I the undersigned official, affirm that the above and foregoing is true and correct to the best of my knowledge and belief.

Signature of Superintendent or Designee _____ Date _____

Name and Address of School System _____ Phone # of School System _____

Please return to Payroll Department at address listed above.