



## Employee Verification Form for Athletics Programs

The information listed below is to be completed by the current or previous employer (**Superintendent, Headmaster, Agency Director, or Designated Personnel Officer**). School Principals are **NOT** authorized to sign this form **unless** they are the designated Personnel Officer. Use ONE line for each change in status. Do NOT include leave of absence periods. Only include experience that is NOT in the Tennessee State data system.

Name of Educator \_\_\_\_\_ SS# \_\_\_\_\_

*INFORMATION BELOW IS TO BE COMPLETED BY THE SCHOOL SYSTEM WHERE THE COACHING EXPERIENCE TOOK PLACE.*

Experience record: Please list experience yearly, with each year on a separate line, beginning with July 1 and ending with June 30.

Name of School	School System/District Name	Athletic Program & Grade Level	State	Fiscal Year, July 1-June 30		Time Employed	
				Start Date Month/Day/Year	End Date Month/Day/Year	Months/Days	Per Year

**Check one of the following:**

- Public School  
  Private School\*  
  Charter School\*  
  U.S. Government Service Teaching Program\*

**\*PLEASE NOTE: IF NON-PUBLIC SCHOOL, YOU MUST IDENTIFY ACCREDITATION**

The above school/school system was fully approved or accredited by the \_\_\_\_\_ at the time the service was performed.

(State Department of Education, Regional Association of Colleges & Schools, or recognized private school accrediting association)

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

**(The form MUST be signed by an authorized official from the agency/institution as stated above)**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Date \_\_\_\_\_