



# Oak Grove R-VI School District

601 SE 12<sup>th</sup> Street • Oak Grove, MO 64075 • 816.690.4156

## VERIFICATION OF TEACHER EMPLOYMENT

Note to New Employee: Complete top section and submit to all previous school districts for verification of past years teaching experience.

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This will authorize you to verify my teaching experience from \_\_\_\_\_ to \_\_\_\_\_  
in/at \_\_\_\_\_  
(School District) (Street address) (City, State, Zip)

Determination of my salary placement is dependent upon the verification of my teaching experience.

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Former name under which records may be filed

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Social Security Number

Note to School District: Please complete the information below and return this form to:  
Oak Grove R-VI School District, Attn: Selinda Pavlica, 601 SE 12<sup>th</sup> Street, Oak Grove, MO 64075  
or fax 816.690.3031

*This is to certify that the teacher whose signature appears above was employed in a teaching position as a regularly employed teacher on a full or part-time basis. Do not include substitute teaching, tutoring, interning, or other work done outside of regular teaching employment.*

State	Accredited School District Name & Number	Full Time	Part Time	Subjects Taught	Dates of Service M/D/Y to M/D/Y	Total Years of Service

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date