



VERIFICATION OF EMPLOYMENT

***You can use this form for HTSB to verify experience for Standard and Advanced License or adding a field. You can also use this form for the Department of Education to verify years of service.**

1) Send this verification form to an authorized official of each school or school district where you completed your qualifying satisfactory professional teaching experience. 2) You must sign the top portion, which includes the Disclaimer, before sending to the authorized official. 3) **Have the form returned to you and upload it to your HTSB account and emailed to TRU at Teacher.Recruitment@k12.hi.us**

DISCLAIMER: I hereby authorize the release of the following information regarding my previous employment with your School or School District.

HTSB ID from your "My Profile" tab in your online record: _____ Last 4 digits of SSN: _____ Email address: _____
 Mailing Address: _____ City: _____ State: _____ Zip code: _____ Phone (with area code): _____
 Applicant Name (*Print*): _____ Other Names used: _____
 Applicant Signature: _____ Date: _____

Information below must be completed by an AUTHORIZED OFFICIAL of the school or school district. Please use a SEPARATE line for each year of school service.
 (CONTRACTED EMPLOYMENT ONLY; EXCLUDING LONG-TERM LEAVES OF ABSENCE, SUBSTITUTE TEACHING)

To Authorized Official (For HTSB purposes): This individual has applied for a license in the State of Hawaii. Please check or complete the appropriate area(s) to verify contracted P-12 professional teaching experience(s) in your school/school district. Email this form to HTSB at htsb@hawaii.gov

Check one:
 This applicant has served in the following contracted P-12 position(s) in my school. This applicant has **not** served in contracted P-12 position(s) in my school.

SCHOOL DISTRICT AND/OR SCHOOL NAME	POSITION TITLE	GRADE(S) AND SUBJECT(S) TAUGHT	DATES OF SERVICE		NO. OF MOS. IN SCH. YR.	NO. OF MOS TAUGHT*	COMPLETED SEMESTER *		EMPLOYMENT STATUS HRS.		
			FROM (MM/DD/YY)	TO (MM/DD/YY)			YES	NO	FULL TIME	HALF TIME	NO. OF HRS WORKED PER DAY
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

REMARKS:

*FOR SERVICE OF 5 MONTHS OR LESS, PLEASE SPECIFY IF COMPLETED SEMESTER.

Please Indicate:

- Public School
- Non-Public School (Include a copy of state approval or accreditation status)

Signature of Authorized Official: _____ Date: _____

Print Name and Title: _____ Email address: _____

School/District: _____

Mailing Address: _____ City: _____ State: _____ Zip code: _____ Phone (with area code): _____