

Semester	School Yr.	Days Served	Status	Assignment	Employer
1 st semester 2 nd semester					
1 st semester 2 nd semester					
1 st semester 2 nd semester					
1 st semester 2 nd semester					
1 st semester 2 nd semester					
1 st semester 2 nd semester					
1 st semester 2 nd semester					

1. Has the employee taken sick leave for a period of 70 days or more? (If yes, provide the dates as indicated)

Yes No

_____ - _____
From (mm/dd/yyyy) To (mm/dd/yyyy)

2. Has the employee taken maternity leave? (If yes, provide the dates as indicated)

Yes No

_____ - _____
From (mm/dd/yyyy) To (mm/dd/yyyy)

SECTION IV-AFFIDAVIT

1. To be completed by superintendent or designee:

I verify that all information documented on this worksheet is complete and correct according to the official records of the designated school district or institution.

Signature of Superintendent or Designee

Title

Date

2. To be completed by the employee:

I verify that all information documented on this worksheet is complete and correct.

Signature of Employee

Date

DOCUMENTATION WORKSHEET FOR DETERMINING CERTIFICATE VALIDITY

SECTION I: Current Employer Information

Enter the employer information, as indicated.

SECTION II: Employee Information

Enter the employee's information, as indicated.

SECTION III: Service Time

Enter all professional-level service on the above certificate in an elementary and/or secondary school within the Commonwealth of PA. Enter only one employer per line. If employed by two schools during the same half-school year, place an asterisk (*) after the second school employer and record the data for the second employer on the back of the worksheet.

1. Enter the service time in periods of half school year commencing with the month of the certificate issuance or renewal in the “**School Year**” column.
2. Enter the days in which the employee served 50% or more of the school day/week as scheduled for the school in which he or she was assigned in the “**Days Served**” column.
3. Indicate the employee's teaching status in the “**Status**” column by entering:
 - **LTS** (Long Term Substitute Teacher—must be employed for 70 or more days)
 - **FT** (Full-Time Employee)

Do not count time an employee served as a day-to-day substitute teacher.

4. Enter the Assignment held during this service time in the “**Assignment**” column.
5. Enter the Employer under which this service time was performed in the “**Employer**” column. If this is not the employee's current employer, submit an official letter from the former employer verifying the service time documented.

SECTION IV: Affidavit

The superintendent, or designee, and the employee will each complete the appropriate Affidavit section by signing and dating the application. Their respective signatures certify that all of the information provided in the worksheet is correct and true.

Please mail the *Documentation Worksheet for Determining Certificate Validity*, and any supporting documentation to:

Bureau of School Leadership and Teacher Quality
Pennsylvania Department of Education
ATTN: Karen Turner
333 Market Street, 12th Floor
Harrisburg, PA 17126-0333