



SAMPLE

Documentation Worksheet for Determining Certificate Validity **Instructions**

Bureau of School Leadership and Teacher Quality

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 **e-mail** the completed *Documentation Worksheet for Determining Certificate Validity* and any supporting documentation to: ra-edcertstaff@pa.gov



Documentation Worksheet for Determining Certificate Validity

Bureau of School Leadership and Teacher Quality

Section I – Current Employer Information

Name of School District: GHI School District

District Address: 123 Sample Drive; Sample, PA 00000

Name of Designated District Contact: Dr. Sample Superintendent

Telephone Number: (000) 000-0000

Email Address: samplesuperintendent@sample.org

Section II – Employee Information

Name (Last, First, Middle Initial): Sample, Teacher L.

Professional Personnel ID (PPID): 0000000

Address: 456 Sample Drive; Sample, PA 00000

Home/Cell Phone: (000) 000-0000

Work Phone: (000) 000-0000

Email: sampleteacher@sample.org

List the certificate that required a validity check:

Certificate:

Date Issued/Renewed:

Special Education 1/1/2015

Social Studies 6/1/2015

Section III – Service Time

Refer to the instructions before completing the following table.

Semester	School Year	Days Served	Status	Assignment	Employer
1 st Semester	2016	30	LTS – FT	Social Studies	XYZ School District
2 nd Semester	2017	90	LTS - FT	Social Studies	XYZ School District
1 st Semester	2017	90	PT (40%)	Special Education	ABC School District
2 nd Semester	2018	90	PT (40%)	Special Education	ABC School District
1 st Semester	2018	90	FT	Special Education	ABC School District
2 nd Semester	2019	20	FT	Special Education	ABC School District
1 st Semester	2019	90	PT (75%)	Special Education	ABC School District
2 nd Semester	2020	90	PT (75%)	Special Education	ABC School District
1 st Semester	2020	90	FT	Social Studies	OPS Charter School
2 nd Semester	2021	90	FT	Social Studies	OPS Charter School
1 st Semester					
2 nd Semester	2022	90	LTS - FT	Social Studies	GHI School District
1 st Semester	2022	90	FT	Social Studies	GHI School District
2 nd Semester	2023	10	FT	Social Studies	GHI School District
1 st Semester					
2 nd Semester					
1 st Semester					
2 nd Semester					
1 st Semester					
2 nd Semester					
1 st Semester					
2 nd Semester					

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

Yes No March 1, 2019 June 10, 2019
From (mm/dd/yyyy) To (mm/dd/yyyy)

Section IV-Affidavit

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.

Sample Superintendent Superintendent 12/1/2022
Signature of Superintendent or Designee Title Date

To be completed by the employee:

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

Sample Teacher 12/1/2022
Signature of Employee Date

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