



Verification of Experience Form PDE 338 V

Use One Form For Each Employer
Print With Dark Blue Or Black Ink
(Refer to instructions included with this form)

Section I – Applicant Information (please print or type)

1. Last Name	First Name	Middle Initial	2. PA Professional Id (PPID)
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3. Other Last Name(s):

4. Current Address

Section II- Satisfactory Professional Educator Experience (to be completed by employer)

Beginning Date of Service (month, day, year)	Ending Date of Service (month, day, year)	Full-Time/ Part-Time	If Part-Time, total hours worked per week	Position Held (e.g. Teacher, Counselor, Supervisor, Principal, Superintendent)	If Teacher, indicate subject and grade span
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			

Section III-School District/Institution Information

1. _____ Name of School District or Institution	2. <input type="checkbox"/> Public <input type="checkbox"/> Private
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3. _____
School Address

_____ City, State and ZIP Code

_____ Telephone Number _____ Extension _____ Email address of contact person

Section IV-Affidavit

I verify that this record omits leave of absence periods and that all information is complete and correct according to the official records of the designated school district or institution. The listed service was evaluated and deemed satisfactory.

Signature of Chief School Administrator

Printed Name & Title

Date

Verification of Experience Form (PDE 338 V)

Section I: Applicant Information (completed by the applicant)

1. Print or type your Last Name, First Name, and Middle Initial.
2. Print or type your Pennsylvania Professional ID (PPID) which may be obtained from your TIMS profile or application.
3. Print or type previously used last names or aliases, especially those used while working for the employer.
4. Print or type your current return address where the employer may return the form. The return address is your mailing address or email if corresponding electronically.
5. Send a separate copy of this form and instruction sheet to each present or former employer. You may photocopy this form as needed. **This form is an important part of your TIMS application.** The form verifies your professional employment and may qualify you for certification.
6. After this form is completed by the employer it should be returned to you. Check the information documented on the form for accuracy and completeness before uploading into your TIMS application or mailing with a TIMS coversheet.
7. Upload or submit photocopies of relative out-of-state certificates/licensures held.

Section II: Satisfactory Professional Educator Experience

(Section II must be completed by the employer and not the applicant)

1. All requested information must be supplied. Please note that Beginning and Ending Dates must include the month, day, and year. Use the date of signing as the end date if currently employed.
2. Indicate whether the employment was full-time or part-time by checking either the “full-time” or “part-time” box. If the employment was part-time, enter the total hours worked per week.
3. Print the position held during the dates of employment listed. Only enter service that was evaluated and deemed satisfactory. Please note, if the applicant held more than one position in the district or institution, a separate entry must be made for each position. **Include a school board-approved job description for locally titled assignments, such as Dean of Students.**
4. If the position held was “teacher,” indicate the academic subject and grade level(s) taught. A separate entry must be made for each subject. Include the subject and grade span -- such as Art PK-12, Math 9-12, Grade 3—for each assignment.

Section III: School District/Institution Information

(Section III must be completed by the employer and not the applicant)

1. Print or type the name of the district or institution.
2. Indicate whether the entity is public or private by checking the “public” or “private” box provided.
3. Print or type the address of the district or institution and list a telephone number, extension and email address of the designated contact person.

Section IV: Affidavit

(Section IV must be completed by the District/Institution Chief School Administrator)

1. Verify that the employment information documented on the form is correct by signing and dating the application.
2. **Return the form to the applicant.** Do not return the form to the Pennsylvania Department of Education Bureau of School Leadership & Teacher Quality.