

VERIFICATION OF PREVIOUS EXPERIENCE AS A LICENSED ADMINISTRATOR

SECTION A – To be completed by the ADMINISTATOR													
Administrator: After completing Section A, please send this form to your former District for verification of previous experience as a licensed administrator.													
Administrator's Full Name:							Social Security Number:						
Mailing Address (City, State, Zip Code):							Pho	Phone Number:					
	CECTION D. To be consulated by the EODMED DICTRICT (EMDLOVED												
SECTION B - To be completed by the FORMER DISTRICT/EMPLOYER Form on District /Employers District /A condited School Fosh years of the form on any long of the form on any long of the form of the form on any long of the form of the form on any long of the form on any long of the form of the form on any long of the form of the form on any long of the form of the for													
Former District/Employer: Please provide verification of this former employee's contracted experience as an Administrator in your District/Accredited School. Each year of professional service should be listed on a separate line (please use the back of this form, if needed, for additional years). Experience must have required a valid administrative													
license/endorsement to qualify as one year's experience.													
Name of Dis	trict:	-	Mailing Address (City,	State, Zip Code):	Phone:		e:		Date of Verification:				
					Is t	his a							
	Beginning	Ending Date of	Name of School		K-12 or Special				Valid strative	How Many Days were	How Many Days did this	What was the Administrator's	
School Year	Date of Employment	Employment	Name of S	ocnooi	Education Accredited		Position Held		Endorsement Considered a Required for Full Contract this Position? Year?		Administrator Work?	FTE Percentage? (1.0 = Full-time)	
					School?				l	rear?			
					Yes	No		Yes	No				
					Yes	No		Yes	No				
					Yes	No		Yes	No				
					Yes	No		Yes	No				
					Yes	No		Yes	No				
					Yes	No		Yes	No				
Total Years of Previous Experience as a Licensed Administrator in y							our District/Accredited School:	ool: Years:			Months:		
CERTIFYING OFFICER: Please provide your name, title, and signature of verification.													
Name: Title:							Signature:						
Upon completion of this form, please return to:							For questions or assistance with this form, please contact:						
Nicole Humpherys, Human Resource Specialist							Nicole Humpherys, Human Resource Specialist (435) 755-2300 ext. 1015						
101 West Center, Logan, UT 84321							Nicole.humpherys@loganschools.org						
• FAX (435) 755-2311													
Nicole.humpherys@loganschools.org													