

## VANCOUVER ISLAND WEST SCHOOL DISTRICT 84 #2 Highway 28, PO Box 100, Gold River, BC VOP 1GO (250) 283-2241 / Fax (250) 283-7352



## CONFIRMATION OF TEACHING EXPERIENCE

## TO EXPERIENCED TEACHERS JOINING THE STAFF OF SCHOOL DISTRICT 84 (VANCOUVER ISLAND WEST)

As your previous teaching experience will be used in evaluating your salary, it will be necessary for you to forward a copy of the statement below signed by the Human Resources Department designate of the most recent School District in which you taught. It is important that the signed form be forwarded to this office without delay. In some cases it may be necessary for you to make application for verification of experience to more than your most recent employer.

This is to certify that					_taught in
		(na	ame of teacher)		_ •
School Districtfor the period(s) inc  (official name of School District)					ed below.
Please ind	icate type of	employment:			
A = 0	continuing/regula	ar (formal appointr	ment)		
B = 1	temporary/term (	(formal appointme	nt)		
C = :	substitute/TOC (	(casual)			
D = 0	other (please sp	ecify)			
	(1	37			
FROM DD/MMM/YYYY	TO DD/MMM/YYYY	% Time Taught or # of TOC Days %		Remarks	Receiving District Use Only
A total ofyear(s					
Experience recognized in other BC districtsyear(s)					
				year(s),	
Experience recognized in private authoritiesyear(s),					
		E	EXPERIENCE	year(s),	montn(s)
Dated:					
			Human Resour	ces Department Designate	

Phone Number