

2000 Hours Work Experience Verification

Name of Teacher	Employee ID Number
Home Address (Street)	(City and Zip Code)

Teaching Assignment(s) or Instructional Area(s)

Work Experience Related to Teaching Assignment or Instructional Area

Name of Employer	Address (City and State)	Dates of Employment	Total Hours	Duties Performed

Summary

Certification

Signature	Date
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This form was adapted from a form from the Three Rivers Education for Employment Systems (TREES). This form is **NOT** an ISBE 'official' document and must not be considered as such.