

# (Educational Experience)

**Northern Kentucky Cooperative for Educational Services**

5516 East Alexandria Pike, Cold Spring, KY 41076 Phone: (859) 442-8600 Fax: (859) 442-7038

The following individual has applied for employment at NKCES. They reported that s/he was formerly employed by your school district/agency. Verification of professional experience is necessary for the computation of salary. Please complete the following information thoroughly & return to the employee or via email to: shelly.cobb@nkces.org Thank you!

(Name of Former Employee) (Last 4 SS#)

Employee has years of professional experience under contract with your school district/agency.

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| --- | --- | --- | --- | --- |
| Name of School, Agency or Employer | School Year | Actual # Days Paid | # Days in Contract | PositionFull-Time, Part-Time, Substitute |
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 Public School \_\_ Private School \_\_Contract: Limited Continuing (Tenure)

Please provide the number of accumulated days when employee left your school system (KY school districts).

 Sick Days

**OPEN RECORDS REQUEST**

**Please provide any information contained in this individual’s personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency.**  **Information enclosed/attached**  **No disciplinary action on record for this individual**

Signature of Person Completing Form Date

Title Phone #

To the employee: It is your responsibility to give this form to your previous employer(s) & to follow up to make sure we receive this information. Your contract with NKCES is contingent upon it. Thank you!