

**The Providence Center School
Human Resources Department
530 N. Main St., 4th Floor
Providence, RI 02904**

Date: _____

I, _____, give permission for the school named below to release requested information pertaining to my employment.

Signature

The following information on this teacher is required to ensure accurate placement on our salary schedule. Student teaching beyond the graduate level and for which the teacher was compensated should be certified. Please return the form to the address above. Thank you for your immediate attention to this matter.

CERTIFICATE OF TEACHING SERVICE

Name of Teacher: _____ SS# _____

Name of School: _____

Address of School: _____

Dates of Service: Start: _____ End: _____

Total Number of Years Taught: _____ Number of Days in School Year: _____

Please list information for each year separately below. If teacher was not full time, specify what proportion, i.e., 1/2 time, 1/4 time etc.):

SCHOOL YEAR	TYPE OF CLASS	NUMBER OF DAYS TAUGHT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUBSTITUTE TEACHING: The amount of substitute teaching service should be broken down for each term, and the exact number of days taught in each term should be listed.

FIRST TERM	#DAYS	SECOND TERM	# DAYS
September _____ thru January _____	_____	January _____ thru June _____	_____
September _____ thru January _____	_____	January _____ thru June _____	_____
September _____ thru January _____	_____	January _____ thru June _____	_____
September _____ thru January _____	_____	January _____ thru June _____	_____

PLEASE CHECK ONE: We are a: Public School System _____ Private School _____ Other _____
State teaching certificate required for teaching: Yes _____ No _____

Signature: _____ Title: _____

Organization: _____ Date: _____