Date Sent: This form may be sent to your prospective employer(s) to verify your teaching experience. Make copies as needed.		TEACHER SERVICE RECORD Richland Parish School Board <i>From: Personnel Department</i> P. O. Box 599 Rayville, LA 71269 (318) 728-5964 or FAX (318) 728-7397			RPSB Office Use Only Date Completed:	
m granting permission and askin	ng your assistance	in providing verific	cation of my teachi	ng experience to:		
ase complete the following form me:	(Middle or)	Maiden)	(Last)	Social Securit	y No.:	ned:
te: Credit will not be given for s Dates of Employment Mo./Yr. To Mo./Yr.	student teaching, s Parish or County	ubstitute teaching, Grade or Subject	or part-time work v Part Time or Full Time	which consists of half-days or l If part-time, No. of Days Employed/ No. of Days in School Yr.	ess than half No. of Months	f a year, but please list all teaching experie Notations on Evaluations (Optional)
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Address:

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RPSB Form 54
