

SCHOOL SUPERINTENDENT VERIFICATION OF EMPLOYMENT (For Provisional I Applicants Only)

As superintendent or designee authorized to verify employment, I request the issue or renewal of a Provisional I Teaching Certificate for the following:

Date of Request: / /

CareerTech Division
Name

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AgEd	BITE	FACSEd	HCE	ME	STEM	TE	T&I

Teacher's Name

Last	First	Middle
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Last 4 Digits of Teacher's
SSN

Course or Major Taught

School / Campus

Administrator's Name

Last	First	Middle
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Administrator's Title

Administrator's PID

Administrator's Phone

 - - _____

Administrator's Email

Comments: