

**VANCOUVER ISLAND WEST SCHOOL DISTRICT 84**

#2 Highway 28, PO Box 100, Gold River, BC V0P 1G0 (250) 283-2241 / Fax (250) 283-7352

**CONFIRMATION OF TEACHING EXPERIENCE**

**TO EXPERIENCED TEACHERS JOINING THE STAFF OF SCHOOL DISTRICT 84 (VANCOUVER ISLAND WEST)**

As your previous teaching experience will be used in evaluating your salary, it will be necessary for you to forward a copy of the statement below signed by the Human Resources Department designate of the most recent School District in which you taught. It is important that the signed form be forwarded to this office without delay. In some cases it may be necessary for you to make application for verification of experience to more than your most recent employer.

This is to certify that \_\_\_\_\_ taught in  
(name of teacher)

School District \_\_\_\_\_ for the period(s) indicated below.  
(official name of School District)

**Please indicate type of employment:**  
A = continuing/regular (formal appointment)  
B = temporary/term (formal appointment)  
C = substitute/TOC (casual)  
D = other (please specify) \_\_\_\_\_

Day Month Year	Day Month Year	% Time Taught or # of TOC Days	Type of Employment	Remarks	Receiving District Use Only
___/___/___	___/___/___	_____ %	_____	_____	_____
___/___/___	___/___/___	_____ %	_____	_____	_____
___/___/___	___/___/___	_____ %	_____	_____	_____
___/___/___	___/___/___	_____ %	_____	_____	_____

A total of \_\_\_\_\_ year(s), \_\_\_\_\_ month(s)  
Experience recognized in other BC districts \_\_\_\_\_ year(s), \_\_\_\_\_ month(s)  
Experience recognized in other public authorities \_\_\_\_\_ year(s), \_\_\_\_\_ month(s)  
Experience recognized in private authorities \_\_\_\_\_ year(s), \_\_\_\_\_ month(s)  
TOTAL EXPERIENCE \_\_\_\_\_ year(s), \_\_\_\_\_ month(s)

Dated: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Department Designate

\_\_\_\_\_  
Phone Number