

PROOF OF TEACHING EXPERIENCE

Issuing	g School Division:						
Teacher Name:							
Teaching Certificate Number:							
Education (for information only, please obtain their most recent TQS Statement)							
Recognized years of Education as per submitted TQS Statement of Qualifications:							
Teaching Experience							
Recognized Years of Experience:							
	dited Experience:						
(III uay	s, in accordance with clause 3.4.4)						
School Division Contact							
Name:							
ivaille.							
Title:							
I decla	re that the teaching experience for salary purposes meets the following conditions:						
1.							
	equivalent, and while working in a position that requires a teaching certificate as a condition of employment.						
2.	Substitute teaching days are within the preceding five years.						
3.	Experience was not gained during vacation periods nor leaves of absence without salary.						
Signat	ure:						
Date:							



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Full Legal N	Name of Teacher:		Date of Birth:	Date of Birth:				
Alberta Tea	ching Certificate:							
The above	-named teacher t	aught with	for the per	for the periods indicated below:				
From: D - M - \	To: Y D - M - Y		FTE- Full Time Equivalent	Assignment	Days in School Year	Total Days Taught		
grid. I declare 1. E	r(s) of education a e that the teaching Experience was ga equivalent, and wh employment. Substitute teachin	nd year(s) of gexperience for sained while holding in a page glays are within	f experience (m salary purpose ng a valid Alber osition that rec	named teacher was at: laximum) on the Collective as meets the following conditional tasks at the following condition at the control of the co	litions: recognized e as a condit	ion of		
	Date completed: Name, Title							
Date completed.			,					