

TEACHER'S RECORD OF EXPERIENCE AND ACCUMULATED SICK LEAVE

Name of Teacher:

Maide	n Name (if applicable):			
Certifi	cate: Type:		No.:	
Social	Insurance Number:			
Supera	annuation Plan (Please indicate w	hich): Formula Plan	Annuity Plan	
Employing School Board	Period of Employment From (date) to (date)	Experience Credit (Years, days) (Substitute days incl)	Accumulated Sick Leave Credit (days) (all previous credits incl)	Certified by: State name and position