



P.O. Box 208 Colfax, LA 71417 Ph: (318) 627-3274 Fax: (318) 627-5931

Date: \_\_\_\_\_

The following person claims teaching experience in your school/system.  
Please complete the items below based on your records.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

School Year	State	Parish/ County	Full-Time/ Part-Time	Total Days Worked	Total Contract Days

Years of credit allowed upon being first hired by your school/system: \_\_\_\_\_ Years

Total years of experience paid for last year in your school/system: \_\_\_\_\_ Years

**The following items are to be completed by Louisiana public school systems only:**

Number of accumulated regular sick leave days remaining as of last day of employment: \_\_\_\_\_

Number of Extended Sick Leave days remaining as of last day of employment: \_\_\_\_\_

Beginning date of Extended Sick Leave six year period (MM/DD/YYYY): \_\_\_\_\_

Ending date of Extended Sick Leave six year period (MM/DD/YYYY): \_\_\_\_\_

Was there an interruption in service during this six year period?: Circle Yes or No

If yes, explain documented circumstances and dates of interruption.

I the undersigned official, affirm that the above and foregoing is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Superintendent or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address of School System

\_\_\_\_\_  
Phone # of School System

Please return to Payroll Department at address listed above.