

Memo

To: Previous Employer
From: Tresa Clements, HR Generalist
Date: August 7, 2023
Re: Report on Experience Form - Russell Kerns

Hello,

Please find a Report on Experience form needed for Winchester Public Schools to request a Provisional Teaching license for your prior employee. The WPS employee would complete the top section and then the prior employer would complete remainder of the form based on his experience with your company.

Ex. Name of Public School – you would complete the name of your entity

Position Held – enter employee’s actual position

Grade Level and Specific Subject – list what that person performed while working with you. If there is any teaching experience, make sure to add that as well.

Length of Service – enter employment dates

- The section below that with the boxes can be 0’s unless the employee has actual teaching experience

-Complete the signature section to include your signature, name, title, date, phone number, email address, name of your company in the Division blank and address.

If you have any questions or concerns, please contact this office at 540-667-4253, x 14101.

Thank you,

Tresa Clements

HR Generalist

Winchester Public Schools

598 N. Kent Street
Winchester, VA 22601
Ph: 540- 667-4253
Fax: 540-723-0137
www.wps.k12.va.us

*Virginia Department of Education
 Department of Teacher Education and Licensure
 P. O. Box 2120
 Richmond, Virginia 23218-2120*

January 1, 2019

Verification of Work Experience

DIRECTIONS: A total of three years of full-time successful work experience, or its equivalent, is required to apply for initial licensure via the experiential learning alternate route to licensure. This form must be completed to verify this experience.

Last Name	First Name	Middle Name
Social Security Number - -		
Address of Applicant (Street, City, State, Zip Code)		

NAME OF EMPLOYER	POSITION HELD	LENGTH OF SERVICE (MONTH/YEAR TO MONTH/YEAR)

Total number of years of full-time experience with this employer:	
Total years of part-time work experience with this employer:	

By my signature, I verify that the above-named person was successfully employed for the period(s) listed above.

SIGNATURE:	DATE (MONTH/DAY/YEAR):
NAME:	EMAIL ADDRESS:
TITLE:	INSTITUTION:
STREET ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER: () -	