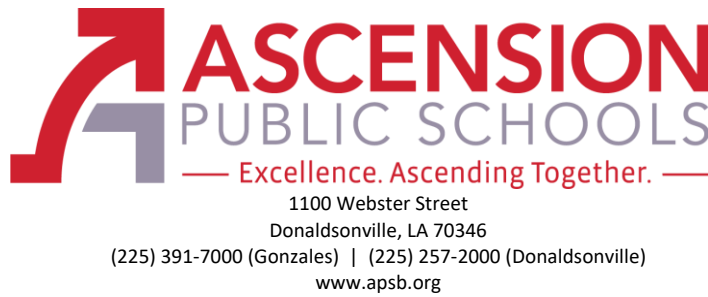


David Alexander
Superintendent

Taft Kleinpeter
Board President
District 5B

Troy Gautreau, Sr.
Vice President
District 7A



Robyn Penn Delaney, District 1
Scott Duplechein, District 2
Julie Blouin, District 3
Marty J. Bourgeois, District 4A
John Murphy, District 4B
John DeFrances, District 5A
Jared Bercegeay, District 6A
Louis Lambert, District 6B
Patricia Russo, District 7B

TO: NEW HIRES
FROM: ANGIE PERAZA, HR DIRECTOR
SUBJECT: VERIFICATION OF PREVIOUS EXPERIENCE FOR CERTIFIED STAFF, UNUSED SICK LEAVE BALANCE,
AND LOUISIANA STATE EXTENDED SICK LEAVE BALANCE

Certified staff: New hires hired in a certified position are required to send the Experience Verification Form to all previous employers to complete in order to receive for prior experience and have salary adjusted in accordance with APSB salary schedule. The Experience Verification Form will also be used for APSB to obtain the sick and extended sick leave balances for new hires previously employed by a Public School System within the State of Louisiana. All new hires salary will start with 0 years of experiences until Human Resources receives the completed form from previous employers.

Bus drivers can receive credit for all prior years of experience. However, experience verification forms must be completed and returned to APSB Human Resources Department.

New hires with no prior experience will not need to complete this form.

New hires with years of experience with multiple employers will need to submit one form to each previous employer.

Please have letter of verification of years returned to the address listed below:

Ascension Parish School Board
Attn: Human Resources
1100 Webster St.
Donaldsonville, LA 70346

Or via email as an attachment to:
Human.resources@apsb.org

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1100 Webster Street
Donaldsonville, LA 70346
(225) 391-7000 (Gonzales) | (225) 257-2000 (Donaldsonville)
www.apsb.org

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Experience Verification Form

The following person claims previous experience in your organization. Please complete the items based on the records you have.

Name (Please Print)

Social Security Number

Date

THE REMAINDER OF THE FORM IS TO BE COMPLETED BY FORMER EMPLOYER(S):

School Year	State	Parish/County	Full (FT) or Part-Time (PT)	Position	Number of Days Worked/ Number of Days in Year

Years of credit allowed upon being first hired by your school system _____

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

Number of accumulated regular sick leave days remaining as of his/her last day of work _____

Number of days of extended sick leave day remaining as of his/her last day of work _____

Beginning date (mm/dd/yyyy) of six-year period _____ Ending date (mm/dd/yyyy) _____

Was there an interruption in service during this six-year period? Yes No

If yes, explain documented circumstances and dates of interruption. _____

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

Signature and Title of Designee

Date

Complete Name and Address of School System

An Equal Opportunity Employer