

TERREBONNE PARISH SCHOOL BOARD

ATTN: PERSONNEL DEPARTMENT

(985) 876-7400

P. O. BOX 5097 HOUMA, LA 70361

Verification of Previous Teaching Experience and *Sick Leave

Name: _____

Social Security Number: _____

The teacher listed above has been employed by the Terrebonne Parish School Board. Please complete the information requested below. Do not give credit for substitute teaching nor student teaching.

NOTE: Accumulated *sick leave Act 580 of 1988 applies only to parish or city **public** schools in Louisiana.

Please list each school year separately.

School District	State	School & Grade & Subject Taught	Full-time or Part-Time	School Session (ex.: 2011-12)	Dates of Employment From: M/D/Y - To: M/D/Y	# of Days Employee Worked	# of Days of full School Year	Louisiana ONLY	
								Accumulated *Sick Leave Earned/Used/Balance	
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Did employee complete five-year PIP program? Yes No Total # of accumulated sick days _____ to transfer to Terrebonne Parish.

*Extended sick leave Act 1341, effective (8-15-99), applies only to parish or city public school in Louisiana. Ninety (90) days of extended sick leave can apply for and use in a six-year period. Unused days at the end of any six-year period shall not cumulate or carry forward to next six-year period of employment.

Extended Sick Leave 6-Year Period Start Date: _____ ESL DAYS Balance as of Termination Date: _____

If there was a break in service during the six year period, please list and explain: _____

REMARKS: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

SCHOOL SYSTEM: _____ ADDRESS: _____

TELEPHONE: (____) _____ EXT. _____