

First Year Letter Request Form - Fields in Red are required

Name of School requesting Letter

Full Time

Part Time

Education Personnel Screening Verification Form Completed

PERSONAL INFORMATION

Name:

Address:

Last 4 digit of SSN:

Employment Start Date:

First Pay Date:

Number of Years of Teaching Experience (not including experience as an aide or volunteer):

Step and Lane:

Salary Amount:

Mark all that apply (if Master or above, provide copy of transcript showing the conferral of the degree)

Bachelor

Master

Educational Specialist Degree

Doctorate

Position / Teaching Assignment:

FLDOE CERTIFICATION

Temporary Yes No - License Number:

Certification Subject Area:

Professional Yes No - License Number:

Certification Subject Area:

Non-Certified

CATECHIST CERTIFICATION

Yes No - Catechist ID # Certification Expiration Date

Teacher previously employed at another ADOM school?

No Yes If Yes, provide name of previous ADOM school

Attachments Checklist (if applicable):

(if Master's or above - include highest one)
Master's, Educational Specialist Degree or
Doctorate Transcript

FLDOE Professional Certificate
Catechist Transcript