

# SCHOOL SUPERINTENDENT VERIFICATION OF EMPLOYMENT (For Provisional I Applicants Only)

As superintendent or designee authorized to verify employment, I request the issue or renewal of a Provisional I Teaching Certificate for the following:

Date of Request:    /    /

CareerTech Division  
Name

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AgEd	BITE	FACSEd	HCE	ME	STEM	TE	T&I

Teacher's Name

\_\_\_\_\_

Last	First	Middle
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Last 4 Digits of Teacher's  
SSN

\_\_\_\_\_

Course or Major Taught

\_\_\_\_\_

School / Campus

\_\_\_\_\_

Administrator's Name

\_\_\_\_\_

Last	First	Middle
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Administrator's Title

\_\_\_\_\_

Administrator's PID

\_\_\_\_\_

Administrator's Phone

-    -

\_\_\_\_\_

Administrator's Email

\_\_\_\_\_

Comments: