



Lakeland Central School District

DEPARTMENT OF HUMAN RESOURCES

TEL: (914) 245-1700

FAX: (914) 245-8073

WEB: www.lakelandschools.org



REQUEST FOR VERIFICATION OF PRIOR TEACHING ASSISTANT EXPERIENCE OUTSIDE OF LAKELAND CENTRAL SCHOOL DISTRICT

To Superintendent or Personnel Administrator:

I am applying for a position as a teacher aide/assistant with the **Lakeland Central School District** in Westchester County, NY and ask that you verify my **full-time/contracted public school** teacher aide/assistant experience with your district. Please provide the information requested below as soon as possible via, **FAX: (914) 245-8073**. Mailing back original form would also be appreciated.

Thank you in advance for your consideration.

ATTENTION: LAKELAND CENTRAL SCHOOL DISTRICT – HUMAN RESOURCES DEPT.

Teacher Aide/Assistant's Signature

Date

Teacher Aide/Assistant's Name (PRINT)

Social Security Number

IMPORTANT REMINDER TO TEACHER AIDE/ASSISTANT: *In order to receive salary increments for prior full-time teacher aide/assistant experience outside of the Lakeland CSD, this form must be returned to the HR Department within 30 calendar days of your date of hire. The school district reserves the right to appoint teacher aides at Step 1 regardless of the number of years of full-time experience.*

(SPACE BELOW FOR SCHOOL DISTRICT USE ONLY)

Public School District or Town	State	From Month-Yr	To Month-Yr	Total Years-Months

Name of Person Making Report: _____

Title: _____

Address: _____

Phone Number: _____

Date Completed: _____

Signature: _____