

Southwestern Consolidated Schools
3406 W. 600 S., Shelbyville, IN 46176
Phone: 317-729-5746
Fax: 317-729-5330

Experience Verification

Please verify his/her contracted teaching experience and return to the school via fax, mail, or email.

Thank you,
Jessica Blackwell
jblackwell@swshelby.k12.in.us
Human Resources

NAME OF TEACHER: _____ SSN: _____

TEACHERS RETIREMENT NUMBER: _____ NUMBER OF SICK DAYS _____

CORPORATION	COUNTY	NUMBER OF DAYS EMPLOYED	SCHOOL YEAR(S)	SIGNATURE OF OFFICIAL

Please indicate below if the above named person has served in an administrative capacity.

___ Yes

___ No

If yes, in what capacity: _____