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SCHOOL YEAR DURING WHICH SERVICE WAS RENDERED name of school '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' '' <t< td=""><td colspan="7">Signature</td><td colspan="10">Date</td><td></td></t<>	Signature							Date												
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*1 TYPE OF SCHOOL - For type of school enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institution of Higher Learning or FGN for Foreign schools. *2 ACCREDITED - A school will be considered accredited only if officially accredited by a state Department of Education, a territorial accrediting association, one of the regional accrediting associations (i.e., Northwest), schools operated by the United States and in foreign countries when the school has been accredited by a recognized agency of the United States. *3 ACTUAL DAYS SERVED - Actual days served should include all paid personal or sick leave taken as work days during the school year. *4 HOURS PER DAY EMPLOYED - For elementary or secondary school indicate the number of hours in a normal work day. For an Institution of Higher Learning indicate the number of credit hours taught (i.e., 3CH) *5 TEACHING CERTIFICATE - A position will be considered creditable only if that position required a teaching certificate as a condition of employment (regardless of whether or not the employee already held one). *6 If an Institution of Higher Learning, please indicate if individual has academic standing. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS. Signature of Certifying Officer Date	July 1,	June 30,																		
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