

Please complete this form and
send back to AISCA at
office@aisca.ab.ca

INSERT SCHOOL LOGO HERE:

Identification

Teacher Name: _____ Maiden or Previous Name: _____
(Last, First, Middle Initial)

Experience

In the chart below, list any teaching experience that meets the following criteria:

- Days under contract in a position that required an Alberta teaching certificate, or recognized equivalent in the relevant governing jurisdiction, as a condition of employment, excluding leaves of absence without pay and vacation periods.
- Days employed as a substitute teacher within the preceding five years.

From: (MM/DD/YR)	To: (MM/DD/YR)	# Days Substitute Teaching:	# Years/Days Under Contract:	FTE: (e.g., 1.000, 0.451)
Total	Years:	Days:	Grid Placement _____ (At time of issue)	

Certification

This is to certify that the above-named teacher taught for the time periods indicated, including the number of years and days, under the conditions listed as criteria for recognizing previous teaching experience.

School Board: _____ School District No.: _____

City: _____ Province/State: _____

Authorized Official's Name: _____ Title: _____
(Print Name)

Signature: _____ Date: _____
(Must be signed by authorized representative in HR or Payroll)

Phone: _____ Email: _____