OFFICE OF THE SUPERINTENDENT
Catholic Independent Schools Kamloops Diocese
635A Tranquille Road, Kamloops BC V2B 3H5
Phone: (250) 376-3351
ciskdhr@ciskd.ca

STATEMENT OF TEACHING EXPERIENCE

I, _____ _____
First & Last Name of Teacher | Social Insurance Number

wish to claim my teaching experience from your school district.

_____ _____
Teacher's Signature | Date

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE FORMER SCHOOL DISTRICT.

The aforementioned teacher has accepted a teaching position with the Catholic Independent Schools of Kamloops Diocese. In order for the teacher to receive the correct salary credit for previous teaching experience, please complete and return this document to:

Ms. Laura Deslaurier
Assistant to the Office of the Superintendent
email: ciskdhr@ciskd.ca

Please show breaks in continuous employment. Do not include substitute/TOC days.

School	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Full Time Equivalent (%)

TOTAL YEARS FTE EQUIVALENT: _____ years (correct to 2 decimal places)

I hereby certify that the above-mentioned teacher taught for the duration indicated above.

_____ _____
(Official School District Name) | (City, Province)

Name: _____ Signed_____

Title: _____ Telephone:_____

Date: _____ Email: _____