

Teacher's Experience Record

It is necessary that the information asked for on this form be on file in the Personnel Office of the Flat Rock-Hawcreek School Corporation. Please complete the information and send to certifying official for his/her signature. Please use a separate line for each year of teaching experience.

Name of Teacher _____

Address _____ Phone _____

Birthdate _____ IN TRF# _____ Soc. Sec # _____

INDIANA accumulated sick leave balance available for transfer _____

School Corp. City & State	County	Year	# of Days	Grade Subject	Signature of Superintendent

Please return to:

Flat Rock-Hawcreek School Corporation

Central Office

9423 N SR 9

Hope, IN 47246