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**AFFIDAVIT OF OUTSIDE TEACHING & OTHER CERTIFICATED PROFESSIONAL EXPERIENCE IN ACCREDITED SCHOOLS OR AGENCY**

This form is used to verify previous experience outside of Chicago Public Schools and to receive salary compensation for the experience. This form must be completed and notarized by the Candidate's previous employer. Former employees that were on step 3 or higher do not need to complete this form.

This affidavit must be completed and returned within sixty (60) days of the effective date of appointment in order for the salary adjustment to be effective from the date of appointment. After sixty (60) days, the effective date of the salary adjustment is the date on which the affidavit is received. After one year, no adjustment will be made.

Date \_\_\_\_\_ Social Security Number [\_\_]\_\_[\_\_]\_\_[\_\_] [\_\_]\_\_[\_\_] [\_\_]\_\_[\_\_]\_\_[\_\_]\_\_[\_\_]

Present Name \_\_\_\_\_ Name at time of former employment if different \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

State Certificate(s) Title(s) \_\_\_\_\_

Degree(s) held:      Degree                              Year                              College  
\_\_\_\_\_                              \_\_\_\_\_                              \_\_\_\_\_  
\_\_\_\_\_                              \_\_\_\_\_                              \_\_\_\_\_

**This is to certify that the above name person was employed on a full-time basis as follows:**

Name of School or Agency \_\_\_\_\_

Accredited by (Regional and/or State Accrediting Agency) \_\_\_\_\_

Address \_\_\_\_\_  
Street Number                              City                              State                              Zip Code

Telephone number of school or agency (\_\_\_\_\_) \_\_\_\_\_

Number of working months in your school year \_\_\_\_\_ Total number of months applicant actually served \_\_\_\_\_

Beginning date of employment \_\_\_\_\_ Terminating date of employment \_\_\_\_\_

Grade Level(s) taught \_\_\_\_\_ Subject(s) taught \_\_\_\_\_

Special area(s) of Service \_\_\_\_\_

**INVALID WITHOUT SCHOOL SEAL OR NOTARY PUBLIC SEAL**

Signature of School/Officer \_\_\_\_\_

Official Position \_\_\_\_\_

School/Agency Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City                              State                              Zip Code

Date Signed \_\_\_\_\_

**If Notarized**  
\_\_\_\_\_  
Date Notarized  
\_\_\_\_\_  
Signature of Notary Public  
\_\_\_\_\_  
Expiration Date of Notary's Commission

**<<FOR OFFICE USE ONLY>>**

**Credit toward salary adjustment**  
\_\_\_\_\_ Years \_\_\_\_\_ Month(s)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_