



# Talent Office

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## AFFIDAVIT OF OUTSIDE TEACHING & OTHER CERTIFICATED PROFESSIONAL EXPERIENCE IN ACCREDITED SCHOOLS OR AGENCIES

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

**This affidavit must be returned correctly within sixty (60) days of the effective date of appointment in order for the salary adjustment to be effective on the date of appointment. After sixty (60) days, the effective date of the salary adjustment is the date on which the affidavit is received. In accordance with the Board's agreement with the Chicago Teachers Union and the Board's Compensation and Pay Plan Policy (CPS Policy Manual, Section 302.8) after one year, no adjustment will be made.**

Date: \_\_\_\_\_  
 \_\_\_\_\_ Employee ID Number

Name: \_\_\_\_\_  
 Last First Initial Former Name

Employee's Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip Code

Employee's Telephone Number: \_\_\_\_\_

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

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

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

Name of School or Agency \_\_\_\_\_  
 If high school, 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**

If notarized: \_\_\_\_\_  
 \_\_\_\_\_ Date

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Expiration date of Notary's Commission

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

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

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

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

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

\_\_\_\_\_ Years \_\_\_\_\_ month(s) credit toward salary adjustment

Date: \_\_\_\_\_ Approved By: \_\_\_\_\_