



**STATE OF LOUISIANA  
DEPARTMENT OF EDUCATION  
RECOVERY SCHOOL DISTRICT**



1641 Poland Avenue, New Orleans, LA 70117  
504.373-6200 • www.rsdl.net

**PRIOR SCHOOL SYSTEM EXPERIENCE & LEAVE VERIFICATION**

It is the employee's responsibility to have prior employers submit this form to the RSD. Experience verifications must be completed & mailed by the former employer(s), not the conditional employee.

NAME \_\_\_\_\_ SCHOOL SYSTEM \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SCHOOL SYSTEM ADDRESS \_\_\_\_\_

The above employee indicates working in your school system from \_\_\_\_\_ to \_\_\_\_\_. Please use this form to verify their work experience, using a separate line for each year of experience.

**EXPERIENCE VERIFICATION (TO BE COMPLETED BY FORMER EMPLOYER, NOT EMPLOYEE)**

School Year _____ to _____	Job Title	Dates of Service	# Days Worked	# Days In Session	% of Day Employed
		0			

During the \_\_\_\_\_ school year, this employee was credited with \_\_\_\_\_ cumulative years and \_\_\_\_\_ days of experience for pay purposes.

<b>Louisiana School Systems Only:</b>	
<b>EXTENDED SICK LEAVE (formerly Gayle Leave):</b> Balance upon separation: _____ hours	
Beginning date of six year period (mm/dd/year): _____ / _____ / _____	
Notes: _____	
<b>SICK LEAVE:</b> Total credited this school year: _____ hours	Balance upon separation: _____ hours
Does this include leave credited this school year: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many: _____ hours	
Was this leave transferred: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list the name of system: _____	
<b>ANNUAL LEAVE:</b> For LA State Agencies Only <u>or</u> for 12 month employees:	
Balance upon separation: _____ hours	
Was this leave transferred: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list the name of system: _____	

Signature of person completing this form \_\_\_\_\_ Title & Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Please return form(s) to:  
**Recovery School District – Human Resources**  
1641 Poland Avenue, New Orleans, LA 70117  
Phone: 504-373-6200 Ext. 20156 Fax: 504-309-3647