



Certificate of Service

This is to certify that				w	as employed in the
					school district.
Address:	City:		Stat	e:Zip	
Phone ()		Fax ()		
Position Held:					
The above named teacher, whose signar Pueblo, Colorado. All previous experie to establish complete personnel records employee, each year, the number of day	nce of this employee must be ver s and placement on the salary scl	rified by an aut hedule for the	horized scho teacher. Pleas	ol official in order se state the experie	for District No. 60
Signature		Social Securi	ty Number_		
Please mail this form to: Pueblo School District No. 60, Hun District to Complete Below	man Resources Department, A	ttn: Certified	Staff, 315 W	7. 11th Street, Pue	blo, CO 81003.
Name of District	Grade/Subject Taught	No. Days Actually Taught	No. of Months Taught	Date From Mo. / Day / Year	Date To Mo. / Day / Year
	•	lege	_ Private or	Parochial School	
Remarks:			41		
Date:	Comple	ted By:			
Notary:	Title:				
My Commission Evniras	Stor	mn:			