



Wisconsin Department of Public Instruction
EMPLOYMENT VERIFICATION
 PI-1613 (Rev. 04-17)

INSTRUCTIONS TO EMPLOYER: Complete both Sections II and III. In Section II list each separate position/assignment held by the applicant within your district on an individual line. Return the completed form to the applicant.

Phone Number: (800) 266-1027 or (608) 266-1027

Website: <http://dpi.wi.gov/tepd>

TO THE APPLICANT: Complete Section I (print or type) and then send to your employer (district administrator or personnel director) for completion of Sections II and III. After it has been returned to you, scan and upload when applying for a license using ELO.

This form is available at tepd.dpi.wi.gov/licensing/supplementary-forms

I. APPLICANT INFORMATION

Legal First Name	Middle Initial	Last Name	SSN Last 4 Digits Only
Name of Employing School District/Agency		Location of School District or Agency, City, State	

II. EMPLOYMENT HISTORY

Dates MM/DD/YY From	To	II A. Employment Details	FTE	II B. For Teaching Assignments Only		
		Complete separate line for each assignment Complete Part II B for teaching assignments ONLY.	Example 1.0 or .25	Type of Teacher	Grades Taught	Subjects Taught
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify:</i>		<input type="checkbox"/> Regular <input type="checkbox"/> Substitute <i>Check One below:</i> <input type="checkbox"/> Short Term or <input type="checkbox"/> Long Term		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify:</i>		<input type="checkbox"/> Regular <input type="checkbox"/> Substitute <i>Check One below:</i> <input type="checkbox"/> Short Term or <input type="checkbox"/> Long Term		
		<input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal <input type="checkbox"/> Aide <input type="checkbox"/> Other Position <i>Specify:</i>		<input type="checkbox"/> Regular <input type="checkbox"/> Substitute <i>Check One below:</i> <input type="checkbox"/> Short Term or <input type="checkbox"/> Long Term		

III. EMPLOYER VERIFICATION

TO THE BEST OF MY KNOWLEDGE, all information presented on this form is accurate and the education employment listed above was successful.

Exceptions, Limitations or Other Comments		Name of School or School District	
Street		City, State, Zip Code	
Employer's Name <i>First and Last—Type or Print Legibly</i>		Employer Telephone Area Code/No.	Employer's Email Address
Signature of Employer ➤		Title of Employer	Date Signed <i>Mo./Day/Yr.</i>