



**Verification of Business Work Experience Form (PDE 338 VB)**  
**Commission Qualification Letter**  
**Use one form for each employer**  
 Please print or type using black ink  
 (Refer to instructions included with this form)

**Section I – Applicant Information (to be completed by the applicant)**

1. Last Name	First Name	Middle Initial
2. Other Name(s):	3. PA Professional ID (PPID)	4. TIMS Application ID
5. Current Address:		

**Section II- Employer Information (to be completed by employer)**

\_\_\_\_\_

Business Name

\_\_\_\_\_

Address

\_\_\_\_\_

City, State and ZIP Code

\_\_\_\_\_

Telephone Number      Extension      Email Address of Contact Person

**Section III - Relevant Satisfactory Full-Time Experience (to be completed by employer)**

Beginning Date of Service (Month/Year)	Ending Date of Service (Month/Year)	Position Held (Supervisor, Business Manager, Finance Officer)

**Section IV-Affidavit (to be completed by employer)**

I verify that this record omits leave of absence periods and that all information is complete and correct according to the official records of the designated school district or institution.

\_\_\_\_\_

Signature of President, CEO or Designee      Title      Date

\_\_\_\_\_

Signatory's Printed Name

# Verification of Business Work Experience Form (PDE 338 VB)

## Section I: Applicant Information

1. Print or type your Last Name, First Name, Middle Initial, former name(s) used, PPID, TIMS Application ID and current return address. The return address is your mailing address or an email if corresponding electronically.

In June of 2006, the Pennsylvania Department of Education (PDE) instituted the use of a 7-digit individual Professional Personnel Identification Number (PPID) to be used as a secure unique identifier for all certified educators. Pennsylvania educators may find their PPID in the profile section of the Teacher Information Management System (TIMS). External stakeholders may ask the professional to supply the PPID needed to complete this form or look it up using the [Act 48 online system \(https://www.perms.ed.state.pa.us/wfLogin.aspx?T=1\)](https://www.perms.ed.state.pa.us/wfLogin.aspx?T=1) if the name, social security number and date of birth are known.

2. Send a separate copy of this form and instruction sheet to each present or former employer. You may photocopy this form as needed.
3. The *Verification of Business Work Experience Form (PDE 338 VB)* is an important part of your TIMS application. The form verifies your relevant experience and may qualify you for a Commission Qualification Letter.

After this form is completed by the employer it should be returned to you. **Check the information documented on the *Verification of Business Work Experience Form (PDE 338 VB)* for accuracy and completeness before adding it to your application packet.**

## Section II: Employer Information

(Section II must be completed by the employer, not the applicant.)

1. Print the name of the business.
2. Print the address of the business and list a telephone number and/or email address of the designated contact person.

## Section III: Relevant Satisfactory Full-Time Experience

(Section III must be completed by the employer, not the applicant.)

1. All requested information must be supplied. Please note that beginning and ending dates must include the month and year.
2. Print the position held during the dates of employment listed. Please note, if the applicant has held more than one position, a separate entry must be made for each position. Service that was less than satisfactory should not be reported.

## Section IV: Affidavit

(Section IV must be completed by the President/CEO or Designee.)

1. Verify that the employment information documented on the *Verification of Business Work Experience Form (PDE 338 VB)* is correct by signing and dating the application.
2. **Return the *Verification of Business Work Experience Form (PDE 338 VB)* to the applicant.** Do not return the form to the Bureau of School Leadership & Teacher Quality.