

Non-Teaching Work Experience
Appeals Committee
Check List
(Please return with 10 copies)

NAME:		SSN:	
LEA:		DATE:	
DOCUMENTATION NEEDED:		DOCUMENTATION INCLUDED:	
Form R with Official Request from LEA			
Letter of relevancy for appeal from LEA <u>and</u> individual (Relevant information only)			
Correlate to all courses in the Standard Course of Study for all licensure areas (<u>Attach only relevant indicators. Circle or asterisk</u>)			
Verification of teaching area(s) assigned and licensure area(s) held			
Form RN and Form NE (Can not be forwarded to Committee without Form RN)			
<u>Official</u> job description(s) <u>signed</u> by former employer(s). (If military, include DD2586. If off web, send web address)			
Degree, area of concentration, and date of graduation			
Committee's Action	Approved		Denied
Comments:			