

**Non-Teaching Work Experience**  
**Appeals Committee**  
**Check List**  
**(Please Return with Appeal)**

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