



Pennsylvania
Department of Education

Verification of Business Work Experience Form PDE 338 VB

Use one form for each employer.

(Refer to the instructions included with this form.)

Section I – Applicant Information (completed by applicant)

1. Last Name

First Name

Middle Initial

2. Other/Former Name(s):

3. Professional Personnel ID (PPID)

4. TIMS Application ID

5. Current Address:

Section II- Employer Information (completed by employer)

Business Name

Address

City, State and Zip Code

Telephone Number

Extension

Email Address

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

Start Date
(Month/Year)

End Date
(Month/Year)

Position Held (Supervisor, Business Manager, Finance Officer)

Section IV-Affidavit (completed by employer)

I verify this record omits leaves of absence, all information is complete and correct according to the official records of this business, and this business is not aware of any specific good moral character issue(s) that indicates the applicant does not possess the personal qualities that warrant issuance of the requested certificate. (If the business is aware of any specific good moral character issue(s) that indicates the applicant does not possess the personal qualities that warrant issuance of the requested certificate, a statement of explanation must be attached to this form.)

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. Enter your Last Name, First Name, Middle Initial, former name(s) used, PPID, TIMS Application ID, and current mailing address or email address if corresponding electronically. You may find your PPID in the Teacher Information Management System (TIMS) by navigating to View & Update My Profile.
2. Send a separate copy of this form and instructions to each employer. You may copy 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.

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 uploading it to your TIMS application with a copy of the official job description(s).**

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 start and end 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.