

# VERIFICATION OF EMPLOYMENT FORM

## Transitional Coaching Permit

**Applicant Instructions:** Please complete the Applicant Information below only. Then please send the form to your employer to complete the Employer Section below. Once this form has been completed it can be upload to our portal for our review.

### Applicant Information

Applicant's Legal Name (Required)			
Mailing Address			
Street:	City:	State:	Zip:
Telephone No.		Email Address	
Primary:	Work:		

### Employer Section

**Employer Instructions:** The above applicant is applying to the Wyoming Professional Teaching Standards Board for a Transitional Coaching Permit, as a requirement for approval, and proof of present employment in a coaching position including the specific sport for which the applicant has been hired is required.

### Verification of Employment

Dates of Employment		Coaching Position Hired for or Held by Applicant
From:	To:	

**By signing below, the authorized district representative verifies that this applicant is currently employed by a Wyoming school district in a coaching position.**

### Authorized Signature

Printed Name		Title
School District (Include District No.)		Telephone No.
		Primary:                      Work:
Mailing Address		
Street:	City:	State:                      Zip:
I affirm that the information provided on this Verification of Employment is true and accurate to the best of my knowledge.		
Signature		Date