MARYLAND STATE DEPARTMENT OF EDUCATION
EQUITY AND EXCELLENCE

Nonpublic School Approval Branch
200 West Baltimore Street
Baltimore, Maryland 21201-2595
(410) 767-0407

PERSONNEL RECORD BLANK

EMPLOYEE INFORMATION:

_____ _____ _____ _____
LAST FIRST MIDDLE MAIDEN

_____ _____ _____ _____ _____
STREET CITY COUNTY STATE ZIP CODE

SCHOOL OR INSTITUTION:

_____
NAME

_____ _____ _____ _____
STREET CITY STATE ZIP CODE

ASSIGNMENT (To be completed by Administrative Head)

☐ Administrative Head
☐ Teacher _____Kindergarten

_____Grades and/or Subjects (Specify all subjects taught and the number of classes for each)

_____
_____
_____

Montessori Teachers Only:
Ages/Grade Level _____
[Attach Montessori Diploma]

EDUCATION (List in chronological order a record of college or university education; "Refer to Resume" is not acceptable")

Name of College or University	Location City, State, Zip	Period of Attendance From: To:	Degree/Diploma Earned

VERIFICATION (To be completed by the Administrative Head)

I hereby certify that I employed the individual named in this Personnel Record Blank on _____(date of hire) month/day/year and that I have reviewed the information provided by that individual.

Administrative Head (Print) _____

Signature _____ Date _____

TRANSCRIPTS:

Official transcript(s) of all college credits must be submitted in order to process the Personnel Record Blank. Do not have transcript(s) sent directly to the Department of Education from a college or university. The transcript(s) should be mailed to the school or institution and the Administrative Head should attach them to this form and mail to the assigned approval specialist.

[ATTACH OFFICIAL TRANSCRIPT(S)]

VERIFICATION (To be signed by the person completing this form)

I hereby certify that the information given in the Personnel Record Blank and on the attached transcripts is true and correct.

_____ _____

Signature of person completing form Date