**VERIFICATION OF EXPERIENCE**

**COVER SHEET**

**MEMO TO:**

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| **ADDRESS OF ORGANIZATION TO PROVIDE THE VERIFICATION OF EXPERIENCE** |
| Superintendent or Chief Executive Officer |
| School System or Institution |
| Street Address |
| City, State, Zip Code |
| **Please return completed verification to the address below:** **Human Resources (Employment Verification)****Attn: Christina Daniels, Business Manager****Skykomish School District #404****105 North 6th Street****P.O. Box 325****Skykomish, WA 98288****Phone: (360) 677-2623 x 111****Fax: (360) 677-2418** |

**REFERENCE: VERIFICATION OF PROFESSIONAL EMPLOYMENT**

The individual whose name appears below must have professional employment verified. On the attached form, it is requested that verification be provided for the professional employment in your school system. Your assistance in establishing a correct service record for this employee will be appreciated.

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| --- |
| **DATA NEEDED BY THE ORGANIZATION PROVIDING THE VERIFICATION OF EMPLOYMENT** |
| First Name Middle Last Birth Name (if different) |
| Full Name when Last Employed with Organization |
| Social Security Number |
| Dates of Employment |
| Dates of Leave of Absence Period(s) |
| Transfer of Sick Leave Requested |
| Position(s) |
| Name of School(s) and/or Department(s) |

**Authorization is granted to release all information requested in the “Verification of Employment” to the school system or institution as noted above.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Employee Date

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Please return completed verification to this address:

Human Resources (Employment Verification)

Skykomish School District #404

P.O. Box 325, Skykomish, WA 98288

Phone: (360) 677-2623; Fax: (360) 677-2418

**VERIFICATION OF CERTIFICATED PROFESSIONAL EXPERIENCE**

Employee's Name (PLEASE PRINT)

\*\*\*\*\*Authorization is granted to release all information requested in the “Verification of Employment” to this school district\*\*\*\*\*

\*\*\*\*\*Include Clock Hours (WA State only). Transcripts, etc. \*\*\*\*\*

|  |  |  |
| --- | --- | --- |
| Employee’s Signature | Date of Birth | Social Security Number |

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**IF WASHINGTON PUBLIC SCHOOL EXPERIENCE**: State of Washington Transferable Sick Leave Hours:

 State Retirement No. (Indicate Plan I, Plan II or Plan III):

|  |  |
| --- | --- |
| **INSTRUCTION FOR SCHOOLS:****Do not record tutoring, practice work, or student teaching.****For preschool through grade 12 experience, record only positions requiring a state education license. Prorate full-time experience for partial days and unpaid leaves of absence.** | **INSTRUCTION FOR EMPLOYERS:****Calculate hours worked in each category, do not duplicate.****Divide experience into management (supervisor) and non-management assignments. Prorate full-time experience for partial days and unpaid leaves of absence.** |

**USE ONE LINE FOR EACH ACADEMIC/EMPLOYMENT YEAR OR CHANGE IN STATUS--CLEARLY IDENTIFY UNPAID LEAVE OF ABSENCE PERIODS.**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Dates of Service | 2. Name of School District, Institution orEmployer | 3. Type of School | 4. Accredited School | 5. Number of Days in aFull Year | 6. Hours in a Full-TimeDay | 7. Actual DaysServed | 8. Hours Per DayEmployed | 9. Hours of SubstituteTeaching | 10. Contract Type(Continuing or Replacement) | 11. Position Held(Include Grade or Subject) | 12. State Education License/Certification required? |
| From Mo/Day/Yr | To Mo/Day/Yr | Yes | No |
| **Example:****9/1/00** | **06/01/01** | **Great School** | **Pub** | **XX** |  | **182** | **7.5** | **172.00** | **3.75** |  | **Continuing Replacement** | **Science Teacher** | **Yes** | **No** |
| **Example:****10/1/00** | **01/31/01** | **Great School** | **Pub** | **XX** |  | **180** | **7.5** | **68.00** | **7.50** | **510** | **Continuing Replacement** | **Science Teacher** | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  | **Continuing Replacement** |  | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  | **Continuing Replacement** |  | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  | **Continuing Replacement** |  | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  | **Continuing Replacement** |  | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  | **Continuing Replacement** |  | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  | **Continuing Replacement** |  | **Yes** | **No** |
|  |  |  |  |  |  |  |  |  |  |  | **Continuing Replacement** |  | **Yes** | **No** |

**3. \*Type of school -** Please enter PUB for Public, PRI for Private, DEN for denominational, IHL for Institute for Higher Learning, or FGN for Foreign school(s).

**4. \*Accredited school -** A school will be considered accredited only if accredited by a state Department of Education, a territorial or regional accrediting association, or schools operating by the United States in foreign countries where the school has been accredited by a recognized agency of the United States.

**7. \*Actual days served -** Indicate all DAYS WORKED PLUS DAYS OF PAID LEAVE taken during the school year.

**8. \*Hours per day employed -** Indicated the number of hours in a normal work day during the school year.

**9. \*Hours of substitute teaching -** Indicate the number of hours of substitute teaching during the year.

I certify that the above listed verification of professional experience includes per diem substitute teaching experience and clearly identifies leave of absence periods. I further certify that all the information listed above is complete and correct, according to the official records on file in the school system or institution providing this verification of employment.

**Superintendent or Authorized Official**

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Print Name Signature Title Date

|  |  |  |  |
| --- | --- | --- | --- |
| School District | Mailing Address | City/State/Zip | Telephone (with area code) Fax (with area code) |

**Please forward this completed verification of employment to the address designated on the top of this form**