

VERIFICATION OF EXPERIENCE

Instructions for Schools:

Use one line for each academic year or change in status.
 Clearly identify unpaid leave of absence periods.
 For preschool through Grade 12 experience, indicate whether a state education licence (certification) was required
 Do not record tutoring, practice work, or student teaching.
 Record casual substitute teaching in substitute column only.
 Prorate full-time experience for partial days and unpaid leaves of absence.

Instructions for Industry Employers:

Use one line for each calendar year or change in status.
 Divide work experience into management (supervisory) and nonmanagement assignments.
 Calculate hours worked in each category. Do not duplicate.
 Prorate full-time experience for partial days and unpaid leaves of absence.
 Record work experience only in the following occupational area:

EMPLOYEE NAME:

Washington State School Districts:

Accumulated Sick Leave Hours earned in Washington State through date of termination: _____

In accordance with WAC 392-121-280, please send documentation for all Credits and Clock Hours earned after September 1, 1995.

Institution	Dates of Service from Mo/Day/Yr to Mo/Day Yr	# of Paid Days in Full-time Year	# of Paid Hours in Full-time Day	# Hours in Full-time Year	# Hours Paid This Period	# Hours Substitute Tchng This Period	Position	Was Certification Required?
<i>Example: Pine Ridge School</i>	<i>9-1-01 to 06-12-02</i>	<i>184</i>	<i>7.5</i>	<i>1,380</i>	<i>690</i>	<i>0</i>	<i>Secondary Tchr</i>	<i>Yes No</i>
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				
				-				

Signature of Superintendent of Designee		Street Address	
		91 West Valley Rd	
Date	Title Personnel	City, State, Zip	Chimacum WA 98325

To:	Superintendent or Chief Executive Officer
	School System or Institution
	Street Address
	City, State, Zip Code

From:	Chimacum School District #49	Return Completed Verification to This Address
	PO Box 278	
	Chimacum, Washington 98325	
	Attn: Stephanie McCleary, HR Director	
	(360)302-5894	

The individual's whose name appears below must have previous professional employment verified.
 Your assistance in establishing a correct service record for this employee is appreciated.
 Please complete the information requested.

Individual's Name (First Middle Last)
Full Name When Last Employed with Your Organization
Social Security Number
Approximate Dates of Employment for Which Verification is Requested
Approximate Dates of Leave of Absence Periods
Position(s)
Name of School(s) or Departments

I authorize you to release all information requested in this verification of professional employment to the school district listed above.

Employee Signature / Date
