Stephanie McCleary, HR (360) 302-5894 Traci Meacham, HR Assistant, (360) 302-5891

VERIFICATION OF CLASSIFED EXPERIENCE

ATTN: HUMAN RESOURCES / PERSONNEL			Please return completed form to:
School District:		Chimacum School District PO Box 278	
Mailing Address:			Chimacum WA 98325 Attn: Stephanie McCleary
City, State, ZIP Code:			
	e appears below has recently been hired s must have prior school district experie		
Name:		rial Security Number:	
Previous Name (if differe	nt during employment):		
Approximate Dates of Employment (for which verification is requested):			
I authorize release of information requested for 'verification of classified" experience to Chimacum School District.			
Employee Signature:			Date:
	School Use Only – Please use or	ne line per school ye	ear.
School Year	School Use Only – Please use of Dates of Service From-To	ne line per school ye	Assignment
School Year	Dates of Service	ne line per school ye	
School Year	Dates of Service	ne line per school ye	
School Year	Dates of Service	ne line per school ye	
School Year	Dates of Service	ne line per school ye	
School Year	Dates of Service	ne line per school ye	
	Dates of Service	ne line per school ye	
SICK LEAVE BALANC	Dates of Service From-To		
	Dates of Service From-To	Date:	
SICK LEAVE BALANC	Dates of Service From-To		