



South Kitsap School District

FORM 187C

Human Resources

2689 Hoover Ave SE
Port Orchard WA 98366
(360) 874-7079 / (360) 874-7076 FAX

VERIFICATION OF COACHING EXPERIENCE

ATTN: HUMAN RESOURCES/PERSONNEL

School District/Company

Street Address

City, State, ZIP Code

Please return completed form to:

Bree Malloy
HR SPECIALIST
SOUTH KITSAP SCHOOL DISTRICT
2689 Hoover Ave SE
Port Orchard WA 98366
(360) 874-7079

The individual whose name appears below has recently been hired as a **COACH** with South Kitsap School District. New coaches must have previous coaching employment verified. Please complete the information requested below. Your assistance in establishing a correct coaching record for this employee is appreciated.

NAME	<input type="text"/>	NAME (If different during employment)	<input type="text"/>
SOCIAL SECURITY NUMBER	<input type="text"/>	Approximate Dates of Employment For Which Verification is Requested	<input type="text"/>

I authorize you to release all information requested for "Verification of Coaching" experience for South Kitsap School District.

Employee Signature Date

TO BE COMPLETED BY INDIVIDUAL VERIFYING EXPERIENCE

SERVICE RECORD					
ASSIGNMENT	Head or Assistant Coach Position	Paid Coaching Assignment	DATES OF SERVICE FROM (Mo/Day/Year) TO (Mo/Day/Year)	Level of Position (Elementary, Jr High, Sr High)	COMMENTS
EXAMPLE: Track Coach	Head or Asst	Yes or No	4/01/06-08/31/06	Sr High	
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			

I certify that all information listed above is complete and correct according to the official records on file in the institution providing this verification of experience.

Signature Date

Printed Name School District

Title Phone Number