



**Verification of Certificated Service / Sick Leave**

**I. Previous District Information** (to be completed by employee)

<b>District Name</b>				
<b>District Address</b>				
STREET	CITY	STATE	ZIP	

**II. Employee Release of Records Request** (to be completed by employee)

<b>Name</b>			<b>Other Names Used</b>	
LAST	FIRST	M.I.	(if applicable)	
			<b>Social Security #</b>	*** - ** -

I authorize the above mentioned district to release all WA state Course Approval Forms, Employment Verifications, and/or Official Transcripts information and documents to Highline Public Schools.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**III. Certificated Employment Experience** (to be completed by responsible official)

**Instructions** – This form must be completed by the responsible person in charge of records where the service was rendered. List chronologically, one year per line, each school year of certificated service rendered under your jurisdiction by the applicant. Please return the completed form to Highline Public Schools. **This form must be on file with HPS within 30 days of hire.** Please expedite. *(attach another sheet to list additional experience if applicable)*

Month / Date / Year Service was Rendered		Position Held	Paid Contract Year (for employee)		Full-time Contract Year		State Ed License/ Certification Required? (Yes / No)	Type of Service		
			Days	Hours	Days	Hours		Full-Time	Part-Time (%)	Substitute
<i>Beginning</i>	<i>End</i>									
<i>MM/DD/YYYY</i>	<i>MM/DD/YYYY</i>	<i>Teacher</i>	<i>183</i>	<i>7</i>	<i>183</i>	<i>7</i>	<i>Yes</i>	<i>x</i>		
<i>MM/DD/YYYY</i>	<i>MM/DD/YYYY</i>	<i>Teacher</i>	<i>75</i>	<i>7</i>	<i>183</i>	<i>7</i>	<i>Yes</i>			<i>x</i>

Type of School (Please Check One):  Public  Private  Denominational  Institution of High Learning  Foreign School

**Washington State Transferable Sick Leave Hours:** \_\_\_\_\_

**I certify that the above information is true and correct according to our official records.**

<b>SIGNATURE OF CERTIFYING OFFICIAL</b>	<b>TITLE</b>	<b>EMAIL</b>	<b>PHONE NUMBER</b>	<b>DATE</b>
<b>NAME OF CERTIFYING OFFICIAL</b>	<b>SCHOOL DISTRICT / INSTITUTION</b>	<b>MAILING ADDRESS</b>	<b>CITY, STATE</b>	<b>ZIP CODE</b>

**\*Verifications returned to the employee are not considered valid, please send directly to Highline Public Schools within 30 days of hire.**