



Verification of Previous Classified Service / Sick Leave

I. PREVIOUS EMPLOYER INFORMATION (to be completed by employee)

Employer Name _____

Employer Address _____

Employee Name: _____ Social Security #: XXX-XX-_____

I hereby authorize release of the information requested below pertaining to my prior employment with your company.

Signature

Date

II. EMPLOYMENT EXPERIENCE (to be completed by responsible official)

The person listed above has been hired by Highline Public Schools. Previous employment in a similar profession may count toward advancement on the salary schedule for this individual. Please verify their prior employment and provide a copy of their job description for positions held. **This form must be on file with HPS within 30 days of hire.** Please expedite.

Job Title: _____

Please provide HPS a copy of the employee’s Job Description. If a Job Description is unavailable, please use the space below to write a detailed description of the employee’s job duties.

Detailed Job Duties: _____

Hire Date: _____ Separation Date: _____

Hours scheduled per week: _____

Washington State Transferable Sick Leave Hours: _____

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

| | | | | |
|------------------------------------|------------------------|--------------|---------------------|-----------------|
| | | | | |
| NAME OF CERTIFYING OFFICIAL | TITLE | EMAIL | PHONE NUMBER | DATE |
| | | | | |
| Company Name | MAILING ADDRESS | CITY | STATE | ZIP CODE |

SIGNATURE OF CERTIFYING OFFICIAL