



Verification of Occupational Experience for CTE / Sick Leave

I. Previous Company Information (to be completed by employee)

Company Name			
Company Address			
STREET	CITY	STATE	ZIP

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

Name	Other Names Used <small>(if applicable)</small>	
LAST	FIRST	M.I.
I authorize the above-mentioned company to release all WA state Course Approval Forms, Employment Verifications, and/or Official Transcripts information and documents to Highline Public Schools.		Social Security # *** - ** -

SIGNATURE OF EMPLOYEE

DATE

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

Instructions –1. List chronologically, one year per line for each year of service. 2. List the position title. 3. Indicate yes if this position was considered management in nature, no if it was not. (Management experience is defined by WAC 180-77-003 (6) as “...work as a supervisor, foreman, or manager in the occupational area in which the person will instruct.”) 4. List the number of hours paid per year the employee worked. For example, a full-time employee who works 8 hours per day for 260 days would have 2080 hours per year. 5. Other comments or explanations.
 This form must be completed by the responsible person in charge of records where the service was rendered. 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)*

Date of Service for Each Year MM/DD/YY		Position Title	Management Position		Hours Per Day Worked	Days Per Year Worked	Hours Per Year Worked	Other Comments
Beginning	End		Yes	No				
MM/DD/YYYY	MM/DD/YYYY	Auto Mechanic		X	8	214	1712	
MM/DD/YYYY	MM/DD/YYYY	Lead Auto Mechanic	X		8	173	1384	

Washington State Transferable Sick Leave Hours: _____

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

EMPLOYER VERIFICATION SIGNATURE	TITLE	EMAIL	PHONE NUMBER	DATE
PRINTED NAME	COMPANY	MAILING ADDRESS	CITY, STATE	ZIP CODE

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