SOUTH KITSAP
SCHOOL DISTRICT
Human Resources
2689 Hoover Ave SE, Port Orchard, WA 98366
(360) 874-7079 / Fax: (360) 874-7076

VERIFICATION OF PROFESSIONAL EMPLOYMENT CLASSIFIED

To: School District/Institution:

Designee:

Street Address:
City, State, Zip:

The individual whose name appears below must have previous employment verified. Please complete the information requested on the attached form. Your assistance in establishing a correct record for this employee is appreciated.

FULL NAME (First,Middle,Last):

Social Security Number:

Approximate dates of employment
for which verification is requested:

Approximate dates of leave of
absence periods (If Applicable):

Position(s):

Name of School(s) or Department(s):

I authorize the release of all information requested above to the address listed for South Kitsap School District.

Employee's Signature	**Date**

THIS SECTION TO BE COMPLETED FOR MOST RECENT FORMER SCHOOL DISTRICT/INSTITUTION EMPLOYER ONLY:

In _addition_ to the information requested above, I hereby further authorize my former employer, indicated above, to forward the following official documents in my personnel file: (1) Official Transcripts and/or official documentation for all college/university degrees, credits, clock hours and in-service credits, as well as course approval forms pertaining thereto, (2) Verifications of Employment obtained from former employers used for salary placement, (3) Washington State Sexual Misconduct Forms.

Employee's Signature	**Date**

EMPLOYEE NAME: _____   **SOCIAL SECURITY NUMBER:** _____

Please follow the instructions carefully to ensure full credit for years of service.

Please call **360-874-7079** or email **conners@skschools.org** if you need assistance.

Column 1: List position(s) chronologically by year. Use one line for each calendar year or change in status.
Column 2: List the start and end date(s) of service in MM/DD/YY format.
Column 3 & 4: List the # of days and the # of hours that constituted a full year (100%) for that employee in this position for the service year(s).
Column 5 & 6: List the exact # of days and the # hours this employee was paid for service in the listed position.
Column 7: List the total hours this employee was actually paid for service in the listed position (Column 5 & 6).

1	2	3	4	5	6	7
Position	Dates of Service From MM/DD/YY to MM/DD/YY	Number of Scheduled Paid days in a School Year in Your Institution	Number of Scheduled Paid Hours In a School Year in Your Institution	Number of Days Paid to This Employee During This Period.	Number of Paid Hours Per Day Paid to This Employee During This Period.	Total Hours Actually Paid (Column 5 x Column 6)
EXAMPLE: Paraeducator	09/01/99 – 06/30/00	180	6.5	100	6.5	650.0
EXAMPLE: HR Specialist	09/01/99 – 08/31/00	260	8.0	260	8.0	2,080.0

COMMENTS OR NOTATIONS:

If a Washington State School District, please indicate the sick leave balance available for transfer (hours): _____

SIGNATURE OF DESIGNEE _____   **DATE** _____   **SCHOOL DISTRICT / INSTITUTION** _____   **STREET ADDRESS** _____   **CITY / STATE / ZIP** _____

PRINTED NAME OF DESIGNEE _____   **TITLE** _____   **PHONE NUMBER** _____   **E-MAIL ADDRESS** _____