



SANTA PAULA UNIFIED SCHOOL DISTRICT

VERIFICATION OF PREVIOUS EXPERIENCE & SICK LEAVE TRANSFER

Please print name (include maiden name if applicable): _____ is/was employed by _____
 _____ during the _____ school year. Please provide us with the information
 requested below so that proper placement on the teacher salary schedule may be applied.

Name and Address of Former School District

	Social Security # (last 4)	
	Date of Birth	
	Position/Title Held	
	Dates Served	

_____ Permission is granted to release information regarding my employment.

VERIFICATION OF EXPERIENCE

Show only regular contract position(s) requiring certification:

From Month/Year	To Month/Year	Number of days in School Year	Number of days taught	Full or part-time If part-time what %	Position(s) held grade level/subject

TRANSFER OF SICK LEAVE

Accumulated Sick Leave from CA Public Schools per Education Code
 44978;44979:

Total Hours: _____ Total Days: _____

Excess Sick Leave Accumulated Since July 1, 1986 per CA Administrative
 Code, Title 5 per Section 2300:

Total Hours: _____ Total Days: _____

District
Print Name
Authorized Signature
Title

Please Return Form to:

Attn: Certificated Human Resources
 201 S. Steckel Drive, Santa Paula, CA 93060
 Phone Number 805•933•8818 Fax Number 805•933•8026
 certificatedhr@santapaulausd.org