



Certificated Verification of Employment

Instructions:

Employee: Please complete information in boxes below and send to your former employer to complete.

Previous Employer: Please complete page 2 of this form for the employee listed below and return to:
Renton School District Human Resources – email: human.resources@rentonschools.us , fax: 425.204.2416
or mail to 300 SW 7th St., Renton, WA 98057.

Your assistance in establishing a correct service record for this employee is appreciated.

Superintendent or Chief Executive Officer
School System or Institution
Street Address
City, State, Zip Code

Name (First, Middle, Last, Maiden, Former)
Last 4 of Social Security Number
Approximate dates of employment
Positions/Name of School/Department

Release of Documents Request (for WA State School Districts per WAC 392-121-262)	
Please forward the following documents:	
Official Transcripts	Clock Hour Forms/Course Approval Forms
Verifications of Certificated Experience	Other:

I authorize the school district above to release all information requested in the "Verification of Employment Form" to the Renton School District.

Employee Signature

Date

Employee's Name:	Date of Birth:	SSN (last 4):
Number of Transferable Sick leave hours (Washington Agencies Only), maximum of 1 year of sick leave eligible to be transferred to RSD:		

Instructions: List position(s) chronologically by year. **Use one line for each school year.** Do not include tutoring, practice work or student teaching. Please use an additional copy of this form if more lines are needed.

POSITION/GRADE/ SUBJECT	State Education License (Certification) Required	Dates of Service One line per year	Number of Paid Days in Full-time Year In Your Institution	Number of Paid Hours in Full- time Day In Your Institution	Number of Days Paid To This Employee During This Period	Number of Contract Hours <u>Per Day</u> Paid To This Employee During This Period	Total Hours Actually Paid (Column 6 x Column 7)	RSD HR USE ONLY
EXAMPLE: HS Math Teacher	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9/13/17-6/12/18	181	8.0	173	4.0	(173x4.0) = 692	
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
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	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							

I certify that all information listed above is correct according to the official records on file at the institution providing this verification of employment.		
Signature of Superintendent or Designee	Institution	Street Address
Printed Name and Title	Date	City, State, Zip
Email	Phone	