

Snoqualmie Valley School District

P.O. Box 400 ~ Snoqualmie, WA 98065 ~ Phone: 425-831-8000 ~ Fax: 425-831-8040

Verification of ESA Non-School Employment

To be completed by employee	
Legal Name	SSN (last 4)
Former Name	Date of Birth
Approx. Dates of Employment	
I authorize the company listed to complete this form and provide any information related to my dates of employment, hours worked, position held, salary, and hourly rate or other information to verify my employment.	Company Name

Employee Signature

Date

To be completed by responsible official at former employer	
Company Name	City & State
Name of Certifying Officer	Title
Phone Number	Email

All Employers: Complete page 2

Legal Name	SSN (last 4)
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Instructions: List position(s) chronologically. Use one line for each year. Do not include volunteer or un-paid work. Please use additional copies of this form if more lines are needed. Please call 425-831-8001 if you need assistance. This form must be on file 30 days from hire. PLEASE EXPEDITE.

Position (Please choose from the list below) Occupational Therapist, Physical Therapist, Registered Nurse, Speech Language Pathologist, Counselor, Social Worker, Psychologist	State License Required	Dates of Service One line per year	What constitutes full time? Total Hours Paid in Full-time Year in Your Company	What was the person paid?			SVSD HR Use Only
				Total Hours Paid to This Employee Per Year	Total Salary Paid to This Employee Per Year	Hourly Wage	
Example: Registered Nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No	9/13/17-6/12/18	2080	2080	\$30,600	\$15.00	
	<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						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	<input type="checkbox"/> Yes <input type="checkbox"/> No						

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

Signature of Certifying Officer

Date

Employers: Please forward both completed pages directly to Snoqualmie Valley School District via email, FAX or US Mail.

humanresources@svsd410.org	FAX: 425-831-8040	Snoqualmie Valley School District, ATTN: HR PO Box 400, Snoqualmie, WA 98065
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