



Experience Verification and Sick Leave Transfer

Former Employer: _____
 Employer Address: _____ City, State: _____
 Employer Phone: _____ Employer Fax: _____

Release of the following information is authorized by:

Employee Name: _____ SSN last 4: XXX – XX – _____
 Employee Signature: _____ Date: _____

To be completed by the Human Resources department of former employer:

The above named individual has been offered employment with the *Lawndale Elementary School District*. Please provide us with the following information regarding his/her service with your organization. Your cooperation in providing the following information is greatly appreciated.

Verification of Previous Experience – List position(s) chronologically. Use one line for each academic or calendar year.

Position Title	Dates of Paid Services	Full or Part-Time	Hours per Week	Hours per Day	Days Worked	# of Contracted Days

Transfer of Sick Leave – If applicable, provide the total number of days of accumulated *unused* leave for illness or injury under California Education Code Section 88202 to which the above named employee is entitled to at the time he/she left your district.

Days _____ Hours _____

I hereby certify that, according to our records, the above named individual served our organization an employee for the period of time listed above.

Print Name: _____ Phone: _____
 Title: _____ Email: _____
 Authorized Signature: _____ Date: _____

Please return this form to the Lawndale Elementary School District Human Resources Office via mail or fax.