

VERIFICATION OF PROFESSIONAL EMPLOYMENT

TO:

SUPERINTENDENT OR CHIEF EXECUTIVE OFFICER
SCHOOL SYSTEM OR INSTITUTION
STREET ADDRESS
CITY, STATE, ZIP CODE

FROM: Eatonville School District #404
P.O. Box 698
Eatonville, WA 98328
ATTN: HUMAN RESOURCES

◀ **RETURN COMPLETED**
VERIFICATION TO THIS ADDRESS

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

INDIVIDUAL'S NAME (FIRST MIDDLE LAST)
FULL NAME WHEN LAST EMPLOYED WITH YOUR ORGANIZATION
SOCIAL SECURITY NUMBER
APPROXIMATE DATES OF EMPLOYMENT FOR WHICH VERIFICATION IS REQUESTED
APPROXIMATE DATES OF LEAVE OF ABSENCE
POSITION(S)
NAME OF SCHOOL(S) OR DEPARTMENTS

I authorize you to release all information requested in the "Verification of Employment" to the school district listed above.

EMPLOYEE SIGNATURE

DATE

VERIFICATION OF PROFESSIONAL EMPLOYMENT*-- Information on this page to be provided by employer --*

Employee's Name _____

Date of Birth _____

Social Security Number _____

If Washington experience:

State of Washington transferable sick leave hours _____ State of Washington retirement plan number (Please indicate Plan 1, 2 or 3) _____

VERIFICATION OF EXPERIENCE**Instructions for schools:**

- Use one line for each academic year or change in status.
- Clearly identify leave of absence periods.
- Do not record tutoring, practice work, or student teaching.
- Record casual substitute teaching in substitute column only.
- Prorate full-time experience for partial days and unpaid leaves of absence.
- For preschool through grade 12 experience, record only positions requiring a state education license.

Instructions for employers:

- Use one line for each calendar year or change in status.
- Calculate hours worked in each category – do not duplicate.
- Divide experience into management (supervisory) and non-management assignments.
- Prorate full-time experience for partial days and unpaid leaves of absence.

USE ONE LINE FOR EACH ACADEMIC/EMPLOYMENT YEAR OR CHANGE IN STATUS**CLEARLY IDENTIFY UNPAID LEAVE OF ABSENCE PERIODS**

Dates of service		Name of school district, Institution or employer	1. *Type of school	2. *Accredited School		Days in full time year	Hours in full time day	3. *Actual # days served	4. *Hours per day employed	5. *Hours of substitute teaching	Position Held (Include Subject(s)/Grade Level if applicable)	State educ. license/ certification required?	
Beginning (mo/day/yr)	Ending (mo/day/yr)			Yes	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

1. ***Type of school** – For type of school, enter **PUB** FOR Public, **PR** for Private, **DEN** for Denominational, **IHL** for Institute for Higher Learning, or **FGN** for Foreign school(s).2. ***Accredited school** – A school will be considered accredited only if accredited by a state Department of Education, a territorial or regional accrediting association, or schools operated by the United States in foreign countries where the school has been accredited by a recognized agency of the United States.3. ***Actual days served** – Indicate all **DAYS WORKED PLUS DAYS OF** paid leave taken during the school year.4. ***Hours per day employed** – Indicate the number of hours in a normal work day during the school year.5. ***Hours of substitute teaching** – Indicate the number of hours of substitute teaching during the school year.

I certify that the above listed verification of professional experience includes per diem substitute teaching experience and clearly identifies leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

 Superintendent or
authorized official: _____

Print Name Legibly

Signature

Title: _____ Date: _____

School District: _____ Mailing Address: _____

P.O. Box or Street Address

City

State

Zip

Telephone: () _____ Fax: () _____

Please forward completed verification of employment to: Eatonville School District #404, Human Resources, P.O. Box 698, Eatonville, WA 98328.