

Snoqualmie Valley School District

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

Verification of Certificated Professional Employment

To be completed by employee

Legal Name	SSN (last 4)
Former Name	Date of Birth
School District	Approx. Dates of Employment

To be completed by responsible official at former employer

Institution Name	City & State
Check one: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> College/University <input type="checkbox"/> School outside of USA	
Name of Certifying Officer	Title
Phone Number	Email

Washington State Employers

Did this person satisfactorily complete provisional status in your district per RCW 28A.405.220?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accumulated sick leave earned in WA State through date of termination in hours	
Total number of sick leave hours used during current calendar year 20_____	
WA State Retirement System Number	
The above named employee is a benefits-eligible employee transferring from your district without a break in SEBB coverage. A break in SEBB coverage is one full calendar month in which the employee does not receive the employer contribution.	<input type="checkbox"/> Yes <input type="checkbox"/> No

All Employers: Complete page 2

Legal Name	SSN (last 4)
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Instructions: List position(s) chronologically. Use one line for each school year. Do not include tutoring, practice work or student teaching. Please use additional copies of this form if more lines are needed. Please call 425-831-8001 if you need assistance.

Position/Grade/ Subject	State Education License (Certification) Required	Dates of Service One line per year	What constitutes full time?		What was the person paid?			SVSD HR Use Only
			# Paid Days in Full-time Year in Your Institution	# Paid Hours in Full-time Day in Your Institution	# Days Paid to This Employee During this Period	# Contracted Hours <u>Per Day</u> Paid to This Employee During this Period	Total Hours Actually Paid (Column 6 X Column 7)	
Example: MS English Teacher	<input type="checkbox"/> Yes <input type="checkbox"/> No	9/13/17-6/12/18	181	8.0	173	4.0	173 X 4.0 = 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							
	<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