

Snoqualmie Valley School District

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

Verification of Classified 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
Name of Certifying Officer	Title
Phone Number	Email

Washington State Employers	
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. This form must be on file 30 days from hire. PLEASE EXPEDITE.

Dates of Service One line per year	Position held	Regular Employee	Substitute Employee	SVSD HR Use Only
Example: 9/13/17-6/12/18	Paraeducator I	x		

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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