



SUPERINTENDENT
DR. NIK BERGMAN

ASSISTANT SUPERINTENDENT
DAVID GARZA JR.

BOARD MEMBERS
RITA KEENE | CHAD LOWER
SHANNON DURFEE | TRICIA LUBACH
DAYANA RUIZ

VERIFICATION OF CLASSIFIED EMPLOYMENT

TO:

SCHOOL SYSTEM OR INSTITUTION
ATTN: HUMAN RESOURCES
ADDRESS
CITY, STATE, ZIP CODE

Return completed verification to: Quincy School District
404 1st AVE SW
Quincy, WA 98848

The individual whose name appears below must have previous employment verified. Please complete the information requested on the bottom and 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 PERIODS
POSITION(S)
NAME OF SCHOOL(S) OR DEPARTMENTS

I authorize you to release all information requested in this verification of classified employment to the school district listed above.

_____ Name

_____ Date

VERIFICATION OF CLASSIFIED EMPLOYMENT EXPERIENCE

- To be completed by school/administration official in charge of records
- Please use separate line for each academic year or change in status
- Clearly identify leave of absence periods
- Mail to: Quincy School District, 404 1st AVE SW, Quincy WA 98848

Name of Classified Employee: _____

(Please fill out all Columns) Institution	Dates of Service from mo/day/yr to mo/day yr	Number of paid days in full-time year	Number of paid hours in full-time day	Number of hours paid during this period to Employee	Position/ Specific Assignment
Example: Quincy H.S.	8/26/99 to 6/9/00	191	6.0	191*6.0=1146	H.S. Math Para

The sick leave balance available for transfer from your district (hours): _____

Sick leave used during current calendar year (hours): _____

Shared leave donated during previous 12 months (hours): _____

Retirement Plan: SERS 1 SERS 2 SERS 3

I certify that all information listed above is complete and correct according to the official records on file in the institution providing this verification of employment.

Signature of Superintendent or Designee	Printed Name & Title	Mailing Address
Date & Phone Number	Email Address	City, State, Zip Code