



SANTA PAULA UNIFIED SCHOOL DISTRICT

VERIFICATION OF PREVIOUS EXPERIENCE & SICK LEAVE TRANSFER

Please print name (include maiden name if applicable): _____ is/was employed by _____
_____ during the _____ school year. Please provide us with the information
requested below so that proper placement on the teacher salary schedule may be applied.

Name and Address of Former School District

_____ Social Security # (last 4) _____
_____ Date of Birth _____
_____ Position/Title Held _____
_____ Dates Served _____
Permission is granted to release information regarding my employment.

Signature

VERIFICATION OF EXPERIENCE

Show only regular contract position(s) requiring certification:

From Month/Year	To Month/Year	Number of days in School Year	Number of days taught	Full or part-time If part-time what %	Position(s) held grade level/subject

TRANSFER OF SICK LEAVE

Accumulated Sick Leave from CA Public Schools per Education Code
44978;44979:

Total Hours: _____ Total Days: _____

Excess Sick Leave Accumulated Since July 1, 1986 per CA Administrative
Code, Title 5 per Section 2300:

Total Hours: _____ Total Days: _____

District

Print Name

Authorized Signature

Title

Please Return Form to:

Attn: Certificated Human Resources
201 S. Steckel Drive, Santa Paula, CA 93060
Phone Number 805•933•8818 Fax Number 805•933•8026
certificatedhr@santapaulausd.org