



VERIFICATION OF EXPERIENCE

Compensation
Human Resources Unit
(702) 799-2812

Employee Name _____ SS# _____ Employee Signature _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE FORMER SCHOOL DISTRICT/PRIVATE SCHOOL

Name of School District or Educational Institution _____

Is the school licensed by the state or a government entity, or accredited by a nationally-recognized accreditation association? Yes ☐ No ☐

Please list each school year separately. Do not list substitute work. Employee's salary will be based on the information provided. Please be specific.
Attach additional sheets if necessary.

SCHOOL YEAR	DATES OF SERVICE		NO. OF DAYS IN CONTRACT YEAR	NO. OF CONTRACTED DAYS COMPLETED	FULL-TIME	PART-TIME	TEACHING	SCHOOL ADMINISTRATION	POSITION TITLE
	FROM MM/DD/YY	TO MM/DD/YY							

Was this employee placed on "administrative leave" or "work-at-home" leave/assignment during the dates of service listed above?

Yes ☐ No ☐ Decline Response _____ Reason for Declined Response _____

Did this employee resign or otherwise leave employment (e.g., settlement agreement) while allegations of misconduct and/or disciplinary actions were pending?

Yes ☐ No ☐ Decline Response _____ Reason for Declined Response _____

For Nevada Public School Districts or Nevada Charter Schools Only

Unused sick leave: ____ Hours ____ Days	Was Nevada Educator Performance Framework (NEPF) utilized to measure performance? Yes ☐ No ☐ Was Nevada probation completed pursuant to the Nevada Revised Statutes (NRS)? Yes ☐ No ☐ If a post-probationary employee, was an unsatisfactory evaluation issued during either or both of the last two years of employment? Yes ☐ Which school year(s)? _____ No ☐	Was contract year completed? Yes ☐ No ☐	
Years of experience in your district:	Salary Step:	Was first step "0"? Yes ☐ No ☐	Salary Class:

I certify that all information listed above is complete and accurate according to the official records on file.

Printed Name of Official Representative _____ Title _____ Authorized Signature _____

School Address _____ Telephone Number _____ Date _____

Completed form must be returned directly by former school via:

U.S. Mail: Human Resources Unit
Clark County School District
2832 E. Flamingo Road
Las Vegas, NV 89121

Fax with Cover Sheet: 702-387-0632
E-mail: contracting@nv.ccsd.net (for teachers and other licensed positions)
balbam@nv.ccsd.net (for administrators)

Official School Seal or Stamp Required:
(If not available, attach business card or stationery.)

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