



Classified School District Experience Verification of Employment

Instructions:

Employee: Please complete information in boxes below and send to your former employer to complete.

Previous Employer: Please complete page 2 of this form for the employee listed below and return to:
Renton School District Human Resources – email: human.resources@rentonschools.us , fax: 425.204.2416
or mail to 300 SW 7th St., Renton, WA 98057.

Your assistance in establishing a correct service record for this employee is appreciated.

Superintendent or Chief Executive Officer
School System
Street Address
City, State, Zip Code

Name (First, Middle, Last, Maiden, Former)
Last 4 of Social Security Number
Approximate dates of employment
Position/Job Title

I authorize the employer above to release all information requested in the "Verification of Employment Form" to the Renton School District.

Employee Signature

Date

Employee's Name:	Date of Birth:	SSN (last 4):
Number of Transferable Sick leave hours (Washington Agencies Only), maximum of 1 year of sick leave eligible to be transferred to RSD:		

Instructions: List position(s) chronologically by year. **Use one line for each school year.** Please use an additional copy of this form if more lines are needed.

POSITION	Dates of Service One line per year	Employee Annual Work Calendar Days (for a full year)	Employee Assignment Hours Per Day	Total Hours Paid	RSD HR USE ONLY
EXAMPLE: Paraeducator	1/8/18-6/12/18	191	6.5	600	

I certify that all information listed above is correct according to the official records on file at the institution providing this verification of employment.		
Signature of Superintendent or Designee	Institution	Street Address
Printed Name and Title	Date	City, State, Zip
Email		Phone