



For our children, our community, our world, our future

Cheney Public Schools
12414 South Andrus Road
Cheney, WA 99004
(509) 559-4599

CLASSIFIED EXPERIENCE VERIFICATION FORM

TO: Human Resources, School District/Agency: _____

The individual listed below has been hired by Cheney Public Schools. To ensure proper placement on our salary schedule, we would appreciate receiving verification of experience for our files.

Please **complete this form and provide the applicable job description(s)**. Submit all documentation to:

Kassie Brennan
Cheney School District
12414 South Andrus Road, Bldg 201a
Cheney, WA 99004
kbrennan@cheneysd.org
(509) 559-4562; Fax: (509) 559-4575

Part I: To be completed by Employee (please print)

Employee _____ Social Security # (last 4) _____
Last First M

Name(s) under which service was rendered (if different from above) _____

Employee Address _____ City _____ State _____ Zip Code _____

Phone _____ Employment Dates: From _____ To _____

Part 2: To be completed by Employer (please print)

Month/Date/Year Service Was Rendered		Type of School ¹ / Agency	Position Held	Days in Full Contract/ Work Year	Hours per Day in Full Contract/ Work Day	Actual Days Worked	Hours Per Day Employed	Type of Service (School Employment)		
Beginning	Ending							Full-Time	Part-Time %	Substitute

¹FOR TYPE OF SCHOOL - For type of school, enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institute of Higher Learning, or FGN for Foreign.

Remaining transferable Washington state sick leave balance (do not include I-1433 sick leave hours*): _____

*Sick leave hours earned under the Washington paid sick leave law (I-1433) are not transferable. _____ hours

I certify the experience verification on this form omits leave of absence periods. I further certify that all information listed above is complete and correct according to the official records of the school system or institution providing this verification of employment.

Signature of Certifying Official _____ Title _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____ Phone _____

Serving the Communities of Airway Heights, Cheney, and West Plains