

VERIFICATION OF PROFESSIONAL EMPLOYMENT



TO:

Human Resources:
School System or Institution:
Street Address:
City, State, Zip Code:

FROM:

<p>OFFICE OF HUMAN RESOURCES SHORELINE SCHOOL DISTRICT # 412 18560 1ST AVENUE NE SHORELINE, WA 98155 FAX: 206-393-4218, PHONE: 206-393-4233</p>

⇐ RETURN COMPLETED VERIFICATION TO THIS ADDRESS

The individual whose name appears below must have previous professional employment verified. Please complete the information requested on the 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 Previous Organization:
Social Security Number:
Approximate Dates of Employment For Which Verification is Requested:
Position(s):
Name of Schools or Department:

I authorize you to release all information requested in the "Verification of Professional Employment" to the school district listed above.

EMPLOYEE SIGNATURE

DATE

Instructions for Columns 1-9:
 Please follow instructions carefully to ensure full credit.
 Please call (206) 393-4233 if you need assistance.

1. List position(s) chronologically by year. Use one line for each calendar year or change of status.
2. Check the box for either Yes or No
3. List the type of contract (Continuing, Leave Replacement, Non-continuing, Provisional Yr. 1, Provisional Yr. 2, N/A)
4. List start/end dates.
- 5,6. List the number of days and the number of hours that constituted a full year (100%) for an employee in this position in your institution that year, i.e., 183 days at 8 hours per day.
- 7,8,9. List the exact number of days and hours this employee was actually paid for services in the listed position. List total hours paid (Column 7 times Column 8).

1	2	3	4	5	6	7	8	9
POSITION	State Education License (Certification Required)	Contract Type	Date of Service From Mo/Day/Yr To Mo/Day/Yr	Number of Paid Days in Full-Time Year in Your Institution	Number of Paid Hours in Full-Time Day in Your Institution	Number of Days Paid to This Employee During This Period	Number of Contract Hour Per Day Paid to This Employee During This Period	Total Hours Actually Paid (Column 6 x Column 7)
EXAMPLE: 1. Teacher EXAMPLE: 2. Substitute	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Continuing N/A	9/1/86 – 6/30/87 11/30/95 – 3/25/96	183 183	8 8	168 32	8 8	(168 x 8 =) 1344 (32 x 8 =) 248
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	<input type="checkbox"/> Yes <input type="checkbox"/> No							

➔ If Washington State school district, please indicate the sick leave balance available for transfer (hours):

I certify that all information listed above is complete and correct according to the official records on file with the institution providing this verification of employment.			
Signature of Human Resources Designee		School District	
Date		Telephone ()	
Title		Street Address	
		City, State, Zip	

Forward this completed verification to the address designated on the reverse side.