



Edmonds School District

Serving the communities of Brier, Edmonds,
Lynnwood, Mountlake Terrace, and Woodway

VERIFICATION OF PROFESSIONAL EMPLOYMENT / EXPERIENCE

To: Human Resources / Personnel Office
School System or Institution:
Street Address:
City, State, Zip Code:

Please Return This Completed Form To:

Edmonds School District No. 15
ATT: HR Data Department
20420 68th Ave. W.
Lynnwood, WA 98036-7400
Fax: 425 431-7034

The individual, whose name appears below, needs to have previous professional employment verified in order to determine his/her correct salary. 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 your organization)	
Social Security Number:	Approximate Dates of Leave of Absence Periods:
Approximate Dates of Employment for Which Verification is Required:	
Positions:	
Name of School(s) or Departments:	

Please complete the information requested on page 2 (or reverse side) of this form.

I authorize you to release to the Edmonds School District all information requested on page 2 (or reverse side) of this verification form.

DATE: _____

*Employee Name (Please Print)

Employee Signature

***PLEASE ENTER YOUR NAME ON PAGE 2 (OR REVERSE SIDE) OF THIS FORM.**

EMPLOYEE NAME: _____

<p><u>INSTRUCTION FOR SCHOOLS</u></p> <ol style="list-style-type: none"> Use one line for each academic year or change in status. Clearly identify leave of absence periods. For Preschool through Grade 12 experience, record only positions requiring a State education license. Do not record tutoring, practice work, or student teaching. Record casual substitute teaching in the substitute column only. Prorate full-time experience for partial days and unpaid leaves of absence. 	<p><u>INSTRUCTIONS FOR BUSINESS AND INDUSTRY</u></p> <p>Record work experience only in the following occupational area: _____</p> <ol style="list-style-type: none"> Use one line for each calendar year or change in status. Divide work experience into Management (Supervisor or Foreman) and Non-Management assignments. Calculate hours worked in each category. Do not duplicate. Prorate full-time experience for partial days and unpaid leaves of absence.
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Please complete all columns.

INSTITUTION	Dates of Service from mo/day/yr to mo/day/yr	Number of paid days in full-time year	Number of paid hours in full-time day	Number of hours paid during this period	Number of hours of substitute teaching during this period	Position	State education license (certification) required?
<i>EXAMPLE:</i> Pine Ridge School	10/1/87 to 6/12/88	183	7.25	183 x 7.25 = 1,181.75	0	Fourth Grade Teacher	YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
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							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO
							YES or NO

_____ Current calendar year's sick leave USED
 _____ Current calendar year's sick leave ALLOCATED
 _____ Current calendar year's sick leave DONATED
 → Please indicate any **sick time hours** available for **transfer** to Edmonds School District: _____

I certify that all information listed above is complete and current according to the official records on file in the institution providing this verification of employment and experience.

Signature of Human Resources / Personnel Officer or Designee:	Street Address:
Title:	City, State, Zip Code:
Date:	Phone: