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| Marysville School District No. 25 4220 80th Street NE, Marysville, WA 98270 Human Resources Telephone: 360-965-0074 Fax: 360-965-0079 | | | | | | | | | | | | |
|  | |  |  |  | | |  |  | | |  |  |
| Verification of Experience – Classified Staff | | | | | | | | | | | | |
| **To:** | **Superintendent or**  **Chief Executive Officer of Personnel** | | | | School District or Institution:  City and State: | | | | | | | |
|  | |  |  |  | | |  |  | | |  |  |
| **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 your organization: | | | | | |
| Approximate dates of employment for which verification is requested: | | | | | | | | | | Last date worked: | | |
| Position(s) held: | | | | | | | Name of school(s) or department(s): | | | | | |
| **I authorize you to release all information requested in this verification of professional employment to Marysville School District No. 25**. | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee Signature | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | |
|  | |  |  |  | | |  |  | | |  |  |
| **Washington State Employer Only (please verify):** | | | | | | |  | | | | | |
| Sick leave hour balance to transfer: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours | | | | | | |
| Number of sick leave hours provided to employee per school year: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours | | | | | | |
| Sick leave hours used during last calendar year (January-December) of employment: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours | | | | | | |
| If applicable, number of total leave share hours received: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours | | | | | | |
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Revised 10/12

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| Verification of Experience | | | |  | |  | |  | |  |  |  |
| Instructions: | | | |  | |  | |  | |  |  |  |
| * Use one line for each academic year or change in status. * Clearly identify unpaid leave of absence periods. * Do not record tutoring, practice work, student teaching, or summer school positions. * Record substitute work in substitute column only. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Institution** | | Dates of Service **From Mo/Day/Yr to Mo/Day/Yr** | **# of Paid Working Days in**  **Full-Time Year for Position** | | **# of Working Days Paid This Period** | | **# of Hours Paid Per Day This Period** | **# of Paid Substitute Hours This Period** | Position | | | |
| Example: Pine Ridge School | | 9/10/01 to 6/29/02 | 180 | | 172 | | 6.0 |  | Paraprofessional | | | |
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| Printed Name of Superintendent or Designee: | | | | | | Signature of Superintendent or Designee: | | | | | | |
| Date: | Title: | | | | | E-Mail Address: | | | | | | |