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| Marysville School District No. 254220 80th Street NE, Marysville, WA 98270Human Resources Telephone: 360-965-0074 Fax: 360-965-0079 |
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| Verification of Experience – Classified Staff |
| **To:** | **Superintendent or** **Chief Executive Officer of Personnel** | School District or Institution:      City and State:       |
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| **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.
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| **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: |