

# STANFIELD SCHOOL DISTRICT

1120 North Main Street • Stanfield, OR 97875  
www.stanfield.k12.or.us



## Verification of Experience

We have offered employment to: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Please assist us by providing the following and return this form to:

Stanfield School District 61R  
Attn: Human Resources  
1120 N Main  
Stanfield, OR 97875  
[kris.james@stanfieldsd.org](mailto:kris.james@stanfieldsd.org)

I certify that according to the records on file in my office, that \_\_\_\_\_  
served at \_\_\_\_\_ as a(n) \_\_\_\_\_  
for the following period(s) of time: \_\_\_\_\_ to \_\_\_\_\_

Department: High School Middle School Elementary	From: MM/DD/YY	To: MM/DD/YY	Length of Service (in Months)	Full-Time or Percentage of Full- Time

LONG TERM SUBSTITUTE: (Please list dates and number of days).

\_\_\_\_\_  
\_\_\_\_\_

### VERIFICATION OF SICK LEAVE:

\_\_\_\_\_ Number of HOURS of unused sick leave

\_\_\_\_\_ Number of above HOURS transferred from another Oregon School District

\_\_\_\_\_  
Signature/Title

Sent to: \_\_\_\_\_

\_\_\_\_\_  
Date

Date Sent: \_\_\_\_\_

Sent By: \_\_\_\_\_

Phone: (541) 449-8766

Fax: (541) 449-8768