

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

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