



Lemoore Elementary School District Verification of Experience and/or Unused Illness Leave Form

(Previous Employer)

Date: _____

RE: _____ SS# _____

Our school district has employed the above-mentioned individual for the current school year. Please verify experience and unused illness leave per Ed. Code 44978. Thanking you in advance for your help.

I hereby authorize Lemoore Union Elementary School District to verify my previous employment background and experience contained in my employment application.

Employee's Signature

Date

VERIFICATION OF EXPERIENCE

The above-mentioned individual was employed in a contracted position as follows: *(Please mark the areas applicable)*

Classified _____ Certificated _____ Substitute _____ Other _____

Full-time _____ Part-time _____ Permanent _____ Probationary _____ Temporary _____

Position Held: _____

From: _____ To: _____ Total Number of Months: _____

Signature of Authorized Agent

Date

Title

Telephone Number

VERIFICATION OF UNUSED ILLNESS LEAVE

The above-mentioned individual was entitled to the following number of accumulated, unused illness leave days/hours upon termination of employment with your district.

Number of **Days/Hours** (Please circle one): _____

Signature of Authorized Agent

Date

Title

Telephone Number

Completed forms should be returned to the Human Resources Department at the District Office
100 Vine Street, Lemoore, CA 93245 ♦ Phone (559) 924-6800 ♦ Fax (559) 924-6809