



VERIFICATION OF EXPERIENCE FORM
COLVILLE SCHOOL DISTRICT 115
217 S. HOFSTETTER ST.
COLVILLE, WA 99114

TO:	FROM: COLVILLE SCHOOL DISTRICT 115 217 S. HOFSTETTER ST. COLVILLE, WA 99114 RETURN TO HEATHERJUDD@COLSD.ORG
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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
APPROXIMATE DATES OF LEAVE OF ABSENCE
POSITION(S)
NAME OF SCHOOL(S) OR DEPARTMENTS

I authorize you to release all information requested in the "Verification of Employment" to the school district listed above.

EMPLOYEE SIGNATURE

DATE

TO BE COMPLETED BY PREVIOUS EMPLOYER(S)

Employee Name:	
DOB:	
Last 4 SSN:	

VERIFICATION OF PROFESSIONAL EMPLOYMENT

RETURN TO: COLVILLE SCHOOL DISTRICT 115
 217 S. HOFSTETTER ST. COLVILLE, WA 99114
 EMAIL: HEATHERJUDD@COLSD.ORG

***** USE ONE LINE FOR EACH ACADEMIC/EMPLOYMENT YEAR. CLEARLY IDENTIFY UNPAID LEAVE OF ABSENCE PERIODS *****

Dates of Service		Type of School	Accredited School		Days in full time year	Hours in full time day	Actual # of days served	Hours per day employed	Hours of Substitute teaching	Position Held	State educ. License/cert required?	
Beginning	End		Yes	No							Yes	No

If Washington experience: State of Washington transferable sick leave hours _____

State of Washington retirement plan number: (Please indicate Plan 1, 2 or 3) _____

- **Type of school** - For type of school, enter **PUB** for Public, **PRI** for Private, **DEN** for Denominational, **THL** for Institute for Higher Learning, or **FGN** for Foreign school(s).
- **Accredited school** - A school will be considered accredited only if accredited by a state Department of Education, a territorial or regional accrediting association, or schools operated by the United States in foreign countries where the school has been accredited by a recognized agency of the United States.
- **Actual days served** - Indicate all **DAYS WORKED PLUS DAYS OF** paid leave taken during the school year.
- **Hours per day employed** - Indicate the number of hours in a normal work day during the school year.
- **Hours of substitute teaching** - Indicate the number of hours of substitute teaching during the school year.

I certify that the above listed verification of professional experience includes per diem substitute teaching experience and clearly identifies leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

SUPERINTENDENT OR AUTHORIZED SIGNATURE	PRINTED NAME	TITLE	DATE
SCHOOL DISTRICT	STREET ADDRESS	CITY, STATE	ZIP