

Skykomish Public School School District No. 404

P.O. Box 325 • 105 - 6th Street North
Skykomish, WA 98288
Phone: (360) 677-2623 • FAX (360) 677-2418

MEMO TO:

ADDRESS OF ORGANIZATION TO PROVIDE VERIFICATION OF EXPERIENCE
Human Resource Department
School District or Institution
Street Address
City, State, Zip Code

RETURN COMPLETED
VERIFICATION TO :

Skykomish School District #404 PO Box 325 Skykomish, WA 98288 360.677.2623 360.677.2418 fax
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RE: Verification of Professional Employment

The individual whose name appears below must have previous professional employment verified. On the reverse side of this form, it is requested that verification be provided for the professional employment in your school system or institution. Your assistance in establishing a correct service record for this employee will be appreciated.

DATA NEEDED BY THE ORGANIZATION PROVIDING THE VERIFICATION OF EMPLOYMENT (Please Print)	
NAME: First	Middle
Last	
Full Name When Last Employed With Organization:	
Social Security Number:	Dates of Employment:
Position(s):	Name of School(s) and or Departments:

Authorization is granted to release all information requested in the "Verification of Employment" to the school district listed above including documentation for all credits & clock hours taken after September 1, 1995 (WAC 392-121-262).

Date

Signature of Employee