

# Skykomish Public School District No. 404

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

## VERIFICATION OF PROFESSIONAL EMPLOYMENT

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN COMPLETED FORM TO:

FROM: SKYKOMISH SCHOOL DISTRICT #404  
PO BOX 325  
SKYKOMISH WA 98288

ATTN: CHRISTINA DANIELS, BUSINESS MANAGER

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 Name (First, Middle, Last)

\_\_\_\_\_

Full Name when Last Employed with your Organization

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Approximate Dates of Employment for Which Verification is Requested

\_\_\_\_\_

Approximate Dates of Leave of Absence Periods

\_\_\_\_\_

Position

\_\_\_\_\_

Name of School(s) or Department

\_\_\_\_\_

Transfer of Sick Leave

Requested \_\_\_\_\_

**VERIFICATION OF EXPERIENCE**

**INSTRUCTIONS FOR SCHOOLS:**

- USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN STATUS.
- CLEARLY IDENTIFY LEAVE OF ABSENCE PERIODS.
- FOR PRESCHOOL THROUGH GRADE 12 EXPERIENCE, RECORD ONLY POSITIONS REQUIRING A STATE EDUCATION LICENSE.
- DO NOT RECORD TUTORING, PRACTICE WORK, OR STUDENT TEACHING.
- RECORD CASUAL SUBSTITUTE TEACHING IN SUBSTITUTE COLUMN ONLY.
- PRORATE FULL-TIME EXPERIENCE FOR PARTIAL DAYS AND UNPAID LEAVES OF ABSENCE.

**INSTRUCTIONS FOR EMPLOYERS:**

- USE ONE LINE FOR EACH CALENDAR YEAR OR CHANGE IN STATUS.
- DIVIDE WORK EXPERIENCE INTO MANAGEMENT (SUPERVISORY) AND NONMANAGEMENT ASSIGNMENTS.
- CALCULATE HOURS WORKED IN EACH CATEGORY. DO NOT DUPLICATE.
- PRORATE FULL-TIME EXPERIENCE FOR PARTIAL DAYS AND UNPAID LEAVES OF ABSENCE.
- RECORD WORK EXPERIENCE ONLY IN THE FOLLOWING OCCUPATIONAL AREA: \_\_\_\_\_

INSTITUTION	DATES OF SERVICE FROM MO/DAY/YR TO MO/DAY/YR	NUMBER OF PAID DAYS IN FULL-TIME YEAR	NUMBER OF PAID HOURS IN FULL-TIME DAY	NUMBER OF HOURS PAID THIS PERIOD	NUMBER OF HOURS OF SUBSTITUTE TEACHING DURING THIS PERIOD	POSITION	STATE EDUCATION LICENSE (CERTIFICATION) REQUIRED
EXAMPLE Pine Ridge School	10/1/98 to 6/12/99	183	7.25	163 x 7.25 = 1,181.75	0	Fourth Grade Teacher	YES NO
							YES NO
							YES NO
							YES NO
							YES NO
							YES NO
							YES NO
							YES NO

SIGNATURE OF SUPERINTENDENT OR DESIGNEE		STREET ADDRESS	
DATE		CITY, STATE, ZIP CODE	