

Anacortes School District
 2200 M. Ave, Anacortes WA 98221
 Human Resources Telephone: 360-293-1221 Fax: 360-293-1222

Verification of Experience – Classified Staff

To:	Superintendent or Chief Executive Officer of Personnel	School District or Institution: _____ City and State: _____
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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:	Last date worked:
Position(s) held:	Name of school(s) or department(s):

I authorize you to release all information requested in this verification of professional employment to Anacortes School District No. 25.

Employee Signature	Date
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Washington State Employer Only (please verify):

Sick leave hour balance to transfer:	_____ hours
Number of sick leave hours provided to employee per school year:	_____ hours
Sick leave hours used during last calendar year (January-December) of employment:	_____ hours
If applicable, number of total leave share hours received:	_____ hours

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Instructions:

- ✦ Use one line for each academic year or change in status.
- ✦ Clearly identify unpaid leave of absence periods.
- ✦ Do not record tutoring, practice work, student teaching, or summer school positions.
- ✦ Record substitute work in substitute column only.

Institution	Dates of Service From Mo/Day/Yr to Mo/Day/Yr	# of Paid Working Days in Full-Time Year for Position	# of Working Days Paid This Period	# of Hours Paid Per Day This Period	# of Paid Substitute Hours This Period	Position
Example: Pine Ridge School	9/10/01 to 6/29/02	180	172	6.0		Paraprofessional

Printed Name of Superintendent or Designee:		Signature of Superintendent or Designee:	
Date:	Title:	E-Mail Address:	