

VERIFICATION OF PROFESSIONAL EMPLOYMENT

TO: The Personnel/Payroll/Human Resources Department of:

School District or Institution

Street Address

City State Zip

FROM: ANACORTES SCHOOL DISTRICT #103
 Personnel Department
 2200 M Avenue
 Anacortes, WA 98221

The following individual is employed by the Anacortes School District and has reported previous professional employment with your district. Please complete the information requested on the reverse side of this form. Thank you for assistance in establishing an accurate service record for this employee.

Individual's name (First, Middle, Last)	Washington State Accumulated Sick Leave _____Days _____Hours
Other Name(s) Used During Employment in This District	Sick Leave Used During Current Calendar Year _____Days _____Hours
Social Security Number	Shared Leave Used Current School Year _____Hours
Approximate Dates of Employment	Shared Leave Donated Current School Year _____Hours of Sick Leave
Position(s)	_____Hours of Annual Leave

I authorize the release of all information requested in this Verification of Employment to the Anacortes School District #103.

Employee Signature Date

(Please continue on reverse side)

