

Rainier School District No. 307 *Verification of Employment*

<p>The individual whose name appears to the right must have previous professional employment verified. Please complete the information requested on this form. Your assistance in establishing a correct service record for this employee is appreciated.</p>	Individual's Name (First/Middle/Last) _____ Full name when last employed with your organization _____ Social Security Number _____ Approximate dates of employment _____ Position _____ School _____ <input type="checkbox"/> Please send a copy of total credits and clockhours recorded in your district
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Verification of Experience

Instructions for Schools: Please use one line for each academic year or change of 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 the substitute column only. Prorate full-time experience for partial days and unpaid leaves of absence.

Institution	Dates of Service From Mo/Day/Yr to Mo/Day/Yr	Numbers of Paid Days In Full Time Year	Numbers of Paid Hours In Full Time Day	Numbers of Hours Paid During This Period	Number of Hours of Substitute Teaching During This Period	Position	State Education License (Certification) Required

Retirement Plan _____

Accumulated Sick Leave _____

I certify that all information listed above is complete and correct according to the official records on file in the institution providing this verification of employment.

Signature of District Representative

Signature of Employee

Date

Title

Return completed form to: Rainier School District - Human Resources
PO Box 98, Rainier, WA 98576; HR@rainier.wednet.edu