

**WOODLAND SCHOOL DISTRICT #404  
VERIFICATION OF PROFESSIONAL EMPLOYMENT**

**TO:**

|                                   |
|-----------------------------------|
| <b>HUMAN RESOURCES DEPARTMENT</b> |
| SCHOOL SYSTEM OR INSTITUTION      |
| STREET ADDRESS                    |
| CITY, STATE, ZIP CODE             |
| (AREA CODE) PHONE                 |

**FROM:**

|  |
|--|
| <b>Woodland School District</b><br><b>Attn: Business Services</b><br><b>800 Second Street</b><br><b>Woodland, WA 98674</b><br><b>(360) 841-2713 FAX (360) 225-9320</b> |
|--|

**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                 |
| SOCIAL SECURITY NUMBER  |
| APPROXIMATE DATES OF EMPLOYMENT FOR WHICH VERIFICATION IS REQUESTED |
| APPROXIMATE DATES OF LEAVE OF ABSENCE PERIODS                       |
| POSITION(S)   |
| NAME OF SCHOOL(S) OR DEPARTMENTS                                    |

**I authorize you to release all information requested in the "Verification of Employment" to the school district listed above.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

