

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

TO:

HUMAN RESOURCES DEPARTMENT SCHOOL SYSTEM OR INSTITUTION
STREET ADDRESS
CITY, STATE, ZIP CODE
(AREA CODE) PHONE

FROM:

Woodland School District Attention: Human Resources 800 Second Street Woodland, WA 98674 (360) 841-2700 FAX (360) 841-2701

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

VERIFICATION OF PREVIOUS EMPLOYMENT/SICK LEAVE TRANSFER – TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT OR SUPERVISOR

Please use one line for each fiscal year

DATES OF SERVICE FROM: MO/DAY/YR TO: MO/DAY/YR	POSITION/DUTIES	NUMBER OF DAYS IN A FULL TIME YEAR	NUMBER OF HOURS IN A FULL TIME DAY	NUMBER OF HOURS WORKED PER DAY	NUMBER OF HOURS SUBSTITUTE TEACHING	WAS POSITION CONSIDERED PART-TIME OR FULL-TIME?	TOTAL HOURS WORKED IN THIS YEAR	CERTIFICATE REQUIRED YES/NO

WASHINGTON STATE ACCUMULATED SICK LEAVE (for School Districts Only):

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

SIGNATURE OF SUPERVISOR OR DESIGNEE	TITLE	DATE
STREET ADDRESS	CITY, STATE, ZIP	PHONE

FORWARD THIS COMPLETED VERIFICATION TO THE ADDRESS DESIGNATED ON THE REVERSE SIDE