



HUMAN RESOURCES
 10903 Gravelly Lake Dr SW
 Lakewood WA 98499-1341
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**Verification of Professional Employment Service for:
 RNs, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS,
 SPEECH LANGUAGE PATHOLOGISTS, COUNSELORS & PSYCHOLOGISTS**

INSTRUCTIONS: This form should be completed by the person responsible for employee records where the service was rendered. In chronological order, list each year of certificated service in your district/organization for this employee (e.g., 9/1 to 8/31).

SECTION I - TO BE COMPLETED BY EMPLOYEE:

NAME			Last 4 Digits of SSN:		BIRTH DATE		Name under which service was rendered (If different from current last name)		
MAILING ADDRESS: STREET			CITY			STATE		ZIP CODE	TELEPHONE NUMBER

SECTION II - EMPLOYMENT EXPERIENCE - TO BE COMPLETED BY RESPONSIBLE ADMINISTRATIVE OFFICIAL:

School Year During which Service was Rendered (See NOTE #1 below)	Position Held (RN, OT, PT, SLP, Counselor, Psychologist)	Did the employee hold a state license?		Total Hours in Full Contract Year (days x hours per day) (See NOTE # 2 below)	Actual Hours Employed Per Year (days x hours per day) (See NOTE # 3 below)	Was this position considered Full Time (FT) or Part Time (PT)?		Substitute Hours
		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
Beginning - Ending		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
9/01/___ - 8/31/___		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
9/01/___ - 8/31/___		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
9/01/___ - 8/31/___		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
9/01/___ - 8/31/___		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
9/01/___ - 8/31/___		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
9/01/___ - 8/31/___		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	
9/01/___ - 8/31/___		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> FT	<input type="checkbox"/> PT	

PLEASE ATTACH ANOTHER SHEET TO LIST ADDITIONAL EXPERIENCE, IF APPLICABLE.

- NOTE #1 - SCHOOL YEAR** -- To calculate school year equivalency, list hours worked from September 1st through August 31st of each year.
NOTE #2 - TOTAL HOURS IN FULL CONTRACT YEAR -- For this type of position, indicate the number of total hours required in a work year for full time. In most instances, this will be 260 days x 8 hours = 2080 hours annually.
NOTE #3 - ACTUAL HOURS SERVED -- Actual hours served should include all paid personal or sick leave taken as workdays during the year.

Is this experience from a teaching school?

YES NO

SIGNATURE OF CERTIFYING OFFICER		TITLE		PHONE NUMBER		DATE	
EMPLOYER		MAILING ADDRESS		CITY		STATE	ZIP CODE