



# Verification of Professional Employment

Human Resources  
 10903 Gravelly Lake Dr SW  
 Lakewood WA 98499-1341  
 FAX 253-583-5088

Employee's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

**IF WASHINGTON EXPERIENCE:**

--> State of Washington Transferable Sick Leave Days \_\_\_\_\_

--> State of Washington Retirement Plan Number \_\_\_\_\_ (Please indicate Plan I, Plan II, or Plan III)

**INSTRUCTIONS FOR SCHOOL DISTRICTS:**

- Use one line for each academic year or change in 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 substitute column only.
- Prorate full-time experience for partial days and unpaid leaves of absence.

**INSTRUCTIONS FOR EMPLOYERS:**

- Use one line for each calendar year or change in status.
- Divide work experience into management (supervisory) and nonmanagement assignments.
- Calculate hours worked in each category. Do not duplicate.
- Prorate full-time experience for partial days and unpaid leaves of absence.
- Record work experience only in the following occupational area:

School Name	POSITION HELD Elementary - Grade Level Secondary - Subject	Dates of Service From Mo/Day/Yr To Mo/Day/Yr	Number of Paid Days in Full- Time Year	Number of Paid Hours in Full- Time Year	Total Days Paid in this Position	Total Hours Paid in this Position	Number of Hours of Substitute Teaching During This Period	State Education License (Certification) Required	
EXAMPLE: Pine Ridge Elementary School	Fourth Grade Teacher	9/13/86-6/12/87	183	7.25	180	3.5	150	<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
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								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> YES	<input type="checkbox"/> NO

\_\_\_\_\_  
 Signature of Superintendent or Authorized Official

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Title Date Phone Number

\_\_\_\_\_  
 City State ZIP Code