



**HUMAN RESOURCES**  
 10903 Gravelly Lake Dr SW  
 Lakewood WA 98499-1341  
 253-583-5085 • 253-583-5088 FAX

**Verification of Employment**  
**CLASSIFIED**

**ATTN: HUMAN RESOURCES/PERSONNEL**

**School District** \_\_\_\_\_

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

**City, State, ZIP Code** \_\_\_\_\_

The individual whose name appears below has recently been hired as a **CLASSIFIED** employee with Clover Park School District. New hires must have the experience with prior school districts verified for proper placement on the salary schedule. Please provide a copy of the job description for each assignment so we may compare it to the position with our district.

**NAME** \_\_\_\_\_ **SOCIAL SECURITY NUMBER** \_\_\_\_\_

**Name** (if different during employment) \_\_\_\_\_ **Approximate Dates of Employment** For Which Verification is Requested \_\_\_\_\_

I authorize you to release all information requested for "Verification of Classified" experience to Clover Park School District.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SCHOOL USE ONLY - PLEASE USE ONE LINE PER SCHOOL YEAR.**

SERVICE RECORD						
School Year	DATES OF SERVICE FROM (Mo/Day/Year) TO (Mo/Day/Year)		Assignment	Hours Per Day	Days Per Year Scheduled	Days Per Year Worked

**Please return completed form along with a copy of the job description(s) to:**



HUMAN RESOURCES  
**CLOVER PARK SCHOOL DISTRICT**  
 10903 Gravelly Lake Dr SW  
 Lakewood WA 98499-1341  
 253-583-5085

Please indicate the **sick leave balance** available for transfer (**hours**): \_\_\_\_\_

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 experience.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **School District** \_\_\_\_\_

**Title** \_\_\_\_\_ **Phone Number** \_\_\_\_\_