

PERSONNEL/ PAYROLL VERIFICATION OF CERTIFICATED EMPLOYMENT

Employee's Name

Social Security Number

Date of Birth

Cumulative Sick **Hours** as of final payment (not including I-1433)

Sick Hours Accrued as part of I-1433

Total Post-BA Credits Accepted for Salary Placement:
(Please attach credit listing)

TEACHING EXPERIENCE (to be completed by responsible school official) Please indicate one school year per line

School Year During Which Service was Rendered		Institution	1. *First Contracted Work Day MM/DD/YY	Certification Required?		Number of Days in Full Contract Year	Number of Hours in Full-Time Day	2. *Actual Days Served	3. *Hours per Day Employed	Specific Assignment Grade Level ie: Grade Level, Math Teacher, Reading Specialist, Principal	Type of Teaching		
				Yes	No						Full Time	Part Time	Sub

1. *DATE OF FIRST REGULAR CONTRACTED WORK DAY – Indicate the Month, Day and Year.
2. *ACTUAL DAYS SERVED - Actual days served should include all paid leave taken during the school year.
3. *HOURS PER DAY EMPLOYED - Indicate the number of hours in a normal work day.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.

Signature of Certifying Officer

Title

Date

School District

Mailing Address

City

State

Zip Code

FAX #

E-Mail

5/19/2020

EVERETT PUBLIC SCHOOLS

3900 Broadway - Everett, WA 98201

TO:

Superintendent or Personnel Officer

School System or Institution

Street Address

City, State, Zip Code

FROM:

HUMAN RESOURCES DEPARTMENT

Everett Public Schools

3900 Broadway Ave

Everett, WA 98201

hrrecords@everettsd.org

Fax # (425) 385-4102

(Please return completed
verification to this address)

SUBJECT: Verification of Certificated Employment

The individual whose name appears below must have previous certificated employment verified. On the reverse side of this form, it is requested that verification be provided for his/her certificated employment in your school system or institution. Your assistance in establishing a correct service record for this employee will be appreciated.

EMPLOYEE-SUPPLIED DATA SUBMITTED FOR VERIFICATION

First Name Middle Name Last Name Maiden Name/Former Name

Full Name When Last Employed with Organization

Social Security Number

Dates of Employment

Dates of Leave of Absence Periods (years and months)

Position(s)

Authorization is granted to release to Everett Public Schools all information requested in the "Verification of Employment" Form.

Signature of Employee

Date

5/19/2020