EVERETT PUBLIC SCHOOLS

3900 Broadway - Everett, WA 98201

TO:							
10:	Superintendent or Personnel Officer						
	School System or Institution						
	Street Address						
	City, State, Zip Code						
FROM:	HUMAN RESOURCES D Everett Public Schools 3900 Broadway Ave Everett, WA 98201 Email: hrrecords@everetts Verification of Coaching	sd.org	(Please return completed verification to this address or fax)				
SUBJECT:							
requested the establishing a		his/her coaching employment employee will be appreciated					
First Name	Middle Name	Last Name	Maiden Name/Former Name				
Full Name When	n Last Employed with Organization						
Social Security	Number						
Dates of Employ	yment						
Dates of Leave of	of Absence Periods (years and months)						
Position(s)							
Authorization	n is granted to release to Everett	Public Schools all information	on requested in the "Verification of Employment" Fo	orm.			
Signature of Em	ployee		Date				

PERSONNEL/ PAYROLL VERIFICATION OF COACHING EMPLOYMENT

Employee's Name					INSTRUCTIONS This form should be completed by the person responsible for personnel records where the service was rendered. Li chronologically each years of service by hours and days.		
Last Fir		First	M.I.	Please return the completed form to Everett Public S			
ING EMPLOYME	ENT EXPE	RIENCE (to be completed by	responsible school off	icial)			
Month/Year During Which Service was Rendered		Name of School/Club/Program		CCK ONE	Secret Constant	Paid Experience	MS, HS, College, Olympic,
	Ending	5	Head Coacl	Asst. Coach	Sport Coached	Yes/No	Prof or Select
FY THAT THE A	BOVE INFO	ORMATION IS TRUE AND	CORRECT ACCO	RDING TO OU	R OFFICIAL RECORDS.		
f Certifying Officer			Title		Date		
rict		Mailing Address		Ci	ty	State	Zip Cod
		E-Mail					

FAX #__