

Tacoma Public Schools
PO Box 1357, Tacoma, WA 98401-1357
Phone: (253) 571-1250 * Fax: (253) 571-1330

VERIFICATION OF EMPLOYMENT

To:

Prior Employer
Street Address
City, State, Zip Code

From:

HUMAN RESOURCES
TACOMA PUBLIC SCHOOLS NO. 3
PO BOX 1357
TACOMA, WA 98401-1357

< **RETURN
COMPLETED
VERIFICATION TO
THIS ADDRESS**

The individual whose name appears below indicates they have previous employment with your organization. Please complete the information requested on the reverse side of this form. Your assistance in establishing a correct service record for this employee is appreciated.

Individual's Name (First Middle Last)
Full Name When Last Employed With Your Organization
Social Security Number
Approximate Dates Of Employment For Which Verification Is Requested
Approximate Dates Of Leave Of Absence Periods
Position(s)

I authorize you to release all information requested in the "Verification of Employment" to the school district listed above.

Employee Signature

Date

OVER

Instructions for Columns 1-9:

Please follow instructions carefully to ensure full credit. Please call (253) 571-1269 if you need assistance.

1. List position(s) chronologically by year. Use one line for each calendar year or change in status.
2. Circle Yes or No indicating whether an occupational license was required for the position.
3. List start/end service dates. Dates must be annual between September 1st and August 31st.
- 4/5. List the number of days and the number of hours that constituted a full year (100%) for an employee in this position that year, i.e., 260 work days at 8 hours per day.
- 6/7/8. List the exact number of days (rounded to ¼ day) and hours this employee was actually paid for services in the listed position. List total hours paid (Column 6 times Column 7).
9. Give any special comments or notations.

1	2	3	4	5	6	7	8
POSITION	Occupational License Required	Dates of Service between 9/1 and 8/31 From Mo/Day/Yr to Mo/Day/Yr	Number of Paid Days in Full-time Year In Your Institution	Number of Paid Hours in Full-time Day In Your Institution	Number of Days Paid To This Employee During This Period	Number of Contract Hours <u>Per Day</u> Paid To This Employee During This Period	Total Hours Actually Paid (Column 6 x Column 7)
EXAMPLE: 1. Nurse	<input checked="" type="radio"/> Yes or <input type="radio"/> No	9/13/86-6/12/87	260	8	173	7.5	(173x7.5=) 1297.50
EXAMPLE: 2. Counselor	<input type="radio"/> Yes or <input type="radio"/> No	10/1/95-12/31/95	260	8	14	7.5	(14x7.5=) 105.00
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						

COMMENTS OR NOTATIONS:

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 employment.		
Employer's printed name/signature	Title	Date
Street Address	City, State, Zip	Area Code / Telephone ()

Forward this completed verification to the address designated on the reverse side.