

**VERIFICATION OF EXPERIENCE  
COVER SHEET**

**MEMO TO:**

<b>ADDRESS OF ORGANIZATION TO PROVIDE THE VERIFICATION OF EXPERIENCE</b>
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Superintendent or Chief Executive Officer
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School System or Institution
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Street Address
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City, State, Zip Code
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<p>▶ <b>Please return completed verification to the address below:</b>  <b>Human Resources (Experience Verification)</b>  <b>Tacoma Public Schools</b>  <b>P. O. Box 1357 – Tacoma, WA 98401-1357</b>  <b>Phone (253) 571-1333 – Fax (253) 571-1150</b></p>
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**REFERENCE: VERIFICATION OF PROFESSIONAL EMPLOYMENT**

The individual whose name appears below must have professional employment verified. On the attached form, it is requested that verification be provided for the professional employment in your school system. Your assistance in establishing a correct service record for this employee will be appreciated.

<b>DATA NEEDED BY THE ORGANIZATION PROVIDING THE VERIFICATION OF EMPLOYMENT</b>
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First Name	Middle Name	Last Name	Birth Name (if different)
Full Name when Last Employed with Organization			
Social Security Number			
Dates of Employment			
Dates of Leave of Absence Period(s)			
Position(s)			
Name of School(s) and/or Department(s)			

**Authorization is granted to release all information requested in the "Verification of Employment" to the school system or institution as noted above.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date