

Employee's Name (please print):

**Tacoma Public Schools
VERIFICATION OF PROFESSIONAL EMPLOYMENT**

Please return completed verification to this address:
Human Resources (Experience Verification)
Tacoma Public Schools
P.O. Box 1357, Tacoma, WA 98401
Phone (253) 571-1333 – Fax (253) 571-1150

Authorization is granted to release all information requested in the "Verification of Employment" to this school district.

Employee's Signature _____

Date of Birth _____

Social Security Number _____

If Washington experience:

State of WA transferable sick leave hours _____

State of WA retirement plan number (Plan 1, 2, or 3) _____

Instructions for schools:

Do not record tutoring, practice work, or student teaching.
For preschool through grade 12 experience, record only positions requiring a state education license.
Prorate full-time experience for partial days and unpaid leaves of absence.

Instructions for employers:

Calculate hours worked in each category, do not duplicate
Divide experience into management (supervisory) and non-management assignments.
Prorate full-time experience for partial days and unpaid leaves of absence.

USE ONE LINE FOR EACH ACADEMIC/EMPLOYMENT YEAR OR CHANGE IN STATUS CLEARLY IDENTIFY UNPAID LEAVE OF ABSENCE PERIODS

1. Dates of Service From To (mm/dd/yy) (mm/dd/yy)		2. Name of school district, institution or employer	3. *Type of school	4. *Accredited school YES NO		5. Days in full time year	6. Hours in full time day	7. *Actual days served	8. *Hours per day employed	9. *Hours of substitute teaching	10. Position held	11. State education license/certification required?	
Example: 09/01/00	06/01/01	Great school	Pub	XX		182	7.5	172	3.75		Science Teacher	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Example: 10/01/00	01/31/01	Great school	Pub	XX		180	7.5	68	7.5	510	Substitute Teacher	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
												<input type="checkbox"/> Yes	<input type="checkbox"/> No
												<input type="checkbox"/> Yes	<input type="checkbox"/> No
												<input type="checkbox"/> Yes	<input type="checkbox"/> No
												<input type="checkbox"/> Yes	<input type="checkbox"/> No
												<input type="checkbox"/> Yes	<input type="checkbox"/> No
												<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. *Type of school - Please enter **PUB** for Public, **PRI** for Private, **DEN** for denominational, **IHL** for Institute for Higher Learning, or **FGN** for Foreign school(s).

4. *Accredited school - A school will be considered accredited only if accredited by a state Department of Education, a territorial or regional accrediting association, or schools operating by the United States in foreign countries where the school has been accredited by a recognized agency of the United States.

7. *Actual days served - Indicate all DAYS WORKED PLUS DAYS OF PAID LEAVE taken during the school year.

8. *Hours per day employed - Indicate the number of hours in a normal work day during the school year.

9. *Hours of substitute teaching - Indicate the number of hours substitute teaching during the school year.

I certify that the above listed verification of professional experience includes per diem substitute teaching experience and clearly identifies leave of absence periods. I further certify that all information listed above is complete and correct, according to the official records on file in the school system or institution providing this verification of employment.

Superintendent or
Authorized official _____

Title _____ Date _____

Print Name

Signature

School district	Mailing address	City/State/Zip	Telephone (with area code)	Fax (with area code)
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Please forward this completed verification of employment to the address designated on top of this form.