

ATTN: HUMAN RESOURCES

SAN JUAN ISLAND SCHOOL DISTRICT

Human Resources

Po Box 458 285 Blair Ave

Friday Harbor, WA 98250

Phone: (60) 370-7904 Fax: (360) 378-6276

Please return completed form to:

VERIFICATION OF EMPLOYMENT - CLASSIFIED

strict dress e, ZIP Code							night nd School District night@sjisd.org	
ease complet	e the informat	ion requested and						
NAME:				NAME: (if different during employment)				
SOCIAL SECURITY NUMBER:			Approximate Dates of Employment:					
orize the relea	se of all informa	tion requested for ve	erification of	classified expe	erience to B	ainbridge Islaı	nd School District	
Employee Signature						Date		
1PLETED BY II	NDIVIDUAL VE							
School Year Dates of Service FROM (Mo/Day Year) TO (Mo/Day/Year)		Assignment		Hours Per Day	Days Per Year Worked		Comments	
Please provid	de hours of sic	k leave available fo	or transfer:			1		
•				on file at the ins	titution providi	■ ing this verification	on of experience.	
				Date				
			School District					
	Phone Number							
	dress e, ZIP Code ual whose na ease complet of employme TY NUMBER: orize the releating ature IPLETED BY II Dates of S FROM (Mo/Day, (Mo/Day, Please provident)	dress e, ZIP Code ual whose name appears becase complete the informat of employment is apprecia TY NUMBER: orize the release of all informatignature IPLETED BY INDIVIDUAL VE Dates of Service FROM (Mo/Day/Year) (Mo/Day/Year) Please provide hours of sice	dress e, ZIP Code ual whose name appears below has recently be ease complete the information requested and of employment is appreciated. TY NUMBER: orize the release of all information requested for verifignature IPLETED BY INDIVIDUAL VERIFYING EXPERIEN SE Dates of Service FROM (Mo/Day/Year) TO (Mo/Day/Year) Please provide hours of sick leave available for the signature and the signature are appeared to the signature and the signature are appeared to the signature are appeared	Address e, ZIP Code Lual whose name appears below has recently been hired as ease complete the information requested and return it to of employment is appreciated. NAME: (if different provided information requested for verification of considerable information requested for verification requested for verification requested for verificati	Address e, ZIP Code Lual whose name appears below has recently been hired as a CLASSIFIE ease complete the information requested and return it to the contact of employment is appreciated. NAME: (if different during employment is appreciated). NAME: (if different during employment is appreciated). Prince Approximate Dates of Employment is appreciated. PLETED BY INDIVIDUAL VERIFYING EXPERIENCE - SCHOOL USE ONLY SERVICE RECORD Dates of Service FROM (Mo/DayYear) TO (Mo/DayYear) Please provide Hours Per Day Hours Per Day Please provide hours of sick leave available for transfer: Information listed above is complete and correct according to the official records on file at the instance Date School Employment Date School Employment School Employment Date School Employment	ual whose name appears below has recently been hired as a CLASSIFIED employease complete the information requested and return it to the contact listed above of employment is appreciated. NAME: (if different during employment) Approximate Dates of Employment: NAME: (if different during employment) Approximate Dates of Employment: PLETED BY INDIVIDUAL VERIFYING EXPERIENCE - SCHOOL USE ONLY SERVICE RECORD	San Juan Islan Email: faithkn Lal whose name appears below has recently been hired as a CLASSIFIED employee with the state complete the information requested and return it to the contact listed above. Your assist of employment is appreciated. NAME: (if different during employment) Approximate Dates of Employment: Orize the release of all information requested for verification of classified experience to Bainbridge Islanting at the release of Service FROM (Mo/DayYear) TO Assignment Hours Per Days Per Year (Mo/DayYear) TO (Mo/DayYear) TO Assignment Day Worked Please provide hours of sick leave available for transfer: Information listed above is complete and correct according to the official records on file at the institution providing this verification Date School District	