



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

VERIFICATION OF EMPLOYMENT - CLASSIFIED

ATTN: HUMAN RESOURCES

School District _____

Street Address _____

City, State, ZIP Code _____

Please return completed form to:

ATTN: Faith Knight
 San Juan Island School District
 Email: faithknight@sjisd.org

The individual whose name appears below has recently been hired as a **CLASSIFIED employee** with the San Juan Island School District. Please complete the information requested and return it to the contact listed above. Your assistance completing this verification of employment is appreciated.

NAME: _____	NAME: (if different during employment) _____	
SOCIAL SECURITY NUMBER: _____	Approximate Dates of Employment: _____	

I authorize the release of all information requested for verification of classified experience to Bainbridge Island School District

Employee Signature _____ Date _____

TO BE COMPLETED BY INDIVIDUAL VERIFYING EXPERIENCE - SCHOOL USE ONLY

SERVICE RECORD

School Year	Dates of Service FROM (Mo/Day Year) TO (Mo/Day/Year)	Assignment	Hours Per Day	Days Per Year Worked	Comments

Please provide hours of sick leave available for transfer: _____

I certify that all information listed above is complete and correct according to the official records on file at the institution providing this verification of experience.

Name (print) _____	Date _____
Signature _____	School District _____
Title _____	Phone Number _____