



## Verification of Experience Request & Authorization

**Instructions to New Employee:** Please complete one form for each District/LEA for which your experience is to be verified. Be sure to send to your current institution, if applicable.

To:

Superintendent/Delegate:	
School District/LEA:	
Mailing Address:	

**Instructions to District/LEA:** Please provide the information requested on the attached **Verification of Experience Form (VOE)**. We appreciate your assistance in establishing a full and correct service record for this employee. Contact Cynthia McVeigh with any questions (360) 370-7904.

### Employee Information:

Name (First MI Last):	
Full name when last employed by this organization, if different from above:	
Last 4 digits of Social Security #:	
Date range(s) of Employment for Verification:	
Position(s):	
Name of School(s) or Departments:	

### Send VOE to:

Human Resources Representative:	Faith Knight, HR Director
Organization	San Juan Island School District
Address:	P.O. Box 458 Friday Harbor, WA 98250
FAX	(360) 378-6276
Email (preferred)	<a href="mailto:faithknight@sjsd.org">faithknight@sjsd.org</a>

### Authorization:

I authorize you to release all information requested in this verification of employment request to the school district representative listed above.

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Employee Signature

Date

**San Juan Island School District: Verification of Experience Form**

**Instructions for Columns 1-8:**

Please follow instructions carefully to ensure full credit. Please call (360) 370-7904 if you need assistance.

1. List position(s) **chronologically by year**. Use one line for each calendar year or change in status. Clearly identify unpaid leave.
2. Circle yes or no.
3. List start/end service dates.
- 4/5. List the number of days and the number of hours **that constituted a full year (100%) for an employee in this position in your institution that year, i.e., 180 days at 7.5 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).

**Employee Name:** \_\_\_\_\_

1	2	3	4	5	6	7	8
<b>POSITION</b>	<b>State Education License (Certification) Required?</b>	<b>Dates of Service</b>	<b>Number of Paid Days in Full-time Year in your Institution</b>	<b>Number of Paid Hours in Full-Time Day in your Institution</b>	<b>Number of Days Paid to This Employee during This Period</b>	<b>Number of Contract Hours Per Day Paid to This Employee During this Period</b>	<b>Total Hours Actually Paid (Column 6 X Column 7)</b>
<i>Example: Teacher</i>	<i>Yes or No</i>	<i>9/13/86 – 6/12/87</i>	<i>180</i>	<i>7.5</i>	<i>173</i>	<i>7.5</i>	<i>(173 X 7.5)= 1297.5</i>
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						

Comments or Notations: \_\_\_\_\_

**If a Washington State School District, please indicate the sick leave balance available for transfer (hours):** \_\_\_\_\_

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

Signature of Superintendent or Designee		District/Institution	Street Address
Date	Title	City, State, Zip	Area Code / Telephone

Return to: HR, San Juan Island School District, P.O. Box 458 Friday Harbor, WA 98250 or Fax to HR (360) 378-6276 or email [hrrmailbox@sjisd.org](mailto:hrrmailbox@sjisd.org)