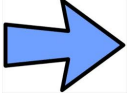


BAINBRIDGE ISLAND SCHOOL DISTRICT #303

VERIFICATION OF EMPLOYMENT

Employee: Please complete this side only and return it to your previous employer.



Enter Previous
Employer
Information

School System or Institution
Attn: Human Resources
Mailing Address
City, State, Zip Code

Individual's Name (First, Middle, Last)
Full name when last employed with your organization.
Social Security Number
Approximate dates of employment for which verification is requested.
Approximate dates of leave of absence periods.
Position/s
Name of school/s or departments.

I authorize you to release all information requested in the "Verification of Employment" form to the school district listed below.

Employee Signature

Date



<p>Return to: Bainbridge Island School District #303 Attn: Jessica Day, HR Specialist 8489 Madison Avenue N.E. Bainbridge Island, WA 98110 (or FAX: 206-842-2928)</p>

FORMER EMPLOYER: The individual whose name appears above **must** have previous professional employment verified. Please complete the information requested on the *reverse* side of this form. Your assistance in establishing an accurate service record for this employee is appreciated

OVER

Name: _____

Please call (206)780-1056 if you need assistance.
Bainbridge Island School District

1	2	3	4	5	6	7	8
Position List chronologically by year. One line per each calendar year or change in status.	State Education License (Certification) Required	Dates of Service	Number of paid days in full-time year in your institution.	Number of paid hours in full-time day in your institution	Number of days paid to this employee during this period.	Number of contract hours <i>Per Day</i> paid to this employee during this period.	Total hours actually paid (Column 6 x Column 7)
Example 1. Teacher	Yes or No	9/13/86-6/12/87	180	7.5	173	7.5	(173x7.5=) 1297.50
Example 2. Substitute	Yes or No	10/1/95-12/31/95	180	7.5	14	7.5	(14x7.5=) 105.00
	"Circle One"	From / To			List EXACT number of days (round to ¼ day) and hours employee was actually paid for services in the listed position.		
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						
	Yes or No						

COMMENTS OR NOTATIONS: _____

Washington State School Districts, please provide the sick leave balance available for transfer (hours): _____

If a Washington State School District, how many years of provisional status with your district? 1 Year 2 Years 3 Years

I certify that all 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

Institution

Street Address

Title

Date

Phone Number

City, State, Zip

Return this completed verification to the address on the reverse side, or FAX to: 206-842-2928 or jday@bisd303.org