

BAINBRIDGE ISLAND SCHOOL DISTRICT

Human Resources

8489 Madison Ave NE Bainbridge Island, WA 98110

Phone: (206)-780-1594 | Fax: (206)-842-2928

VERIFICATION OF EMPLOYMENT - CLASSIFIED

ATTN: HUMAN RESOURCES	
School District	
Street Address	
City, State, ZIP Code	

Please return completed form to:
 ATTN: Faith Knight
 Bainbridge Island School District
 Human Resources Specialist
 Email: fknight@bisd303.org

The individual whose name appears below has recently been hired as a **CLASSIFIED employee** with the Bainbridge Island School District. For proper salary placement, please complete the information requested and return to BISD. Your assistance establishing a correct placement for this employee 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 _____