



VERIFICATION OF PREVIOUS EMPLOYMENT

I, _____ authorize _____

Print Current Name

Print Previous Name

Name of Previous Employer

to release information detailing my employment history to Eugene School District 4J. Completion of the below information will be used to determine my placement on the 4J Licensed Professional Salary Plan.

Employee Signature _____ Date of Birth _____

Below information must be completed by previous employer.

I certify the above named person previously held the following position(s) with our organization:

- General Education Teacher
Educational Assistant
Nurse
School Psychologist

- Speech and Language Pathologist
Special Education Teacher
Occupational Therapist
Other

Licensed Administrator
Title _____

Each position began and ended on the dates indicated below.

Table with 4 columns: Start Date (MM/DD/YYYY), End Date (MM/DD/YYYY), Employment Type: Full Time/Part Time FTE %, Position Held

VERIFICATION OF SICK LEAVE (Applicable to Oregon School Districts Only)

Please certify the number of unused sick leave hours that the above named person accumulated while employed in your district.

_____ hours.

If any, please indicate the number of unused sick leave hours earned outside the State of Oregon: _____ hours

I certify the above information is true, complete, and correct to the best of my knowledge and that I am authorized to verify all of the provided information above.

Previous Employer Name

Street Address

City

State

Zip

Authorized Officials Name

Authorized Official's Title

Authorized Officials Signature

Date

Authorized Official's Phone/Email

Please return completed form to: Eugene School District, Attention: 4J Human Resources, 200 North Monroe, Eugene, Oregon 97402, Fax: 541-790-7665, Email: hr@4j.lane.edu