

**VERIFICATION OF (NON SCHOOL) EXPERIENCE
(OT, PT, RN, SLP, Counseling, Psychologist, Social Worker)**

FOR KENNEWICK SCHOOL DISTRICT

TO: _____ DATE: _____
(Organization)

FROM: _____ SS#: _____
(Former Employee's Name)

Employed by your organization from _____ to _____

I authorize the release to the Kennewick School District all information related to my employment. I release the above employer and employees acting on behalf of the employer from liability for providing information described in the document.

Signature _____

In order to meet payroll and state audit requirements Kennewick School District must have verification of this experience on file.

Year of Service (one calendar year per line)	Position Held (OT, PT, RN, SLP, Counselor, Psychologist, Social Worker))	License Required for Position	Education Required for Position Held	Total # of Hours Required Per Year in Full Time Position	Total # of Hours Worked in This Calendar Year
		Y/N	BS/MA		
		Y/N	BS/MA		
		Y/N	BS/MA		
		Y/N	BS/MA		

Completed by _____ Signature _____

Title _____ Address _____

Phone _____ Date _____

Please return complete form to:

Rhonda Elvbakken
 Certified H.R. Assistant
 Kennewick School District
 524 South Auburn
 Kennewick, WA 99336
 Phone: (509)222-6978 Fax: (509)222-5051