

VERIFICATION OF CERTIFICATED EXPERIENCE FOR KENNEWICK SCHOOL DISTRICT

TO: _____ DATE: _____
(College/University)

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

I was employed by your institution from _____ to _____

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

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

***** COLLEGES: Please provide definition of full time employment at your institution. i.e. Contracted for 16 credits for 3 academic quarters = full-time employment". I understand that you may need to report differently than this form reflects. Feel free to call me with questions.**

The remainder of the form is to be completed by college reporting the information

School Year	Position	# days in contract yr.	Hours in a full contract day	Total number of hours worked	Regular Employee	Substitute Employee	Is your institution Regionally Accredited	
							Yes	No
							Yes	No
							Yes	No
							Yes	No
							Yes	No

Washington State accumulated sick leave _____ days _____ hours

Sick leave used during current calendar year _____ days _____ hours

Completed by _____ Title _____

Address _____ Date _____

Please return completed form to:

Rhonda Elvbakken, Certificated Human Resources Assistant
Human Resources Office
Kennewick School District
524 S. Auburn
Kennewick WA 99336
509-222-6978