

VERIFICATION OF CERTIFICATED EXPERIENCE

FOR KENNEWICK SCHOOL DISTRICT

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

TO: _____ DATE: _____
 (District)

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

I was employed by your district 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.

Applicant signature _____

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

School Year	Grade level & subjects taught	# days in district full time contract yr	Hours in a full contract day	# of days worked by this employee	Hours this employee worked per day	Contracted Employee	Substitute Employee	Certification required	
								Yes	No
								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

Please Forward All Credit Approval Paperwork For All Classes Taken After September 1, 1995 (WAC 292.121.262)

Completed by _____ Title _____

Address _____ Date _____

Please return completed form to: Rhonda Elvbakken, Certificated H.R. Assistant
 Human Resources Office
 Kennewick School District
 524 S. Auburn 509-222-6978
 Kennewick WA 99336