

Personnel

Moses Lake School District #161

920 W. Ivy Avenue
Moses Lake, WA 98837
(509) 766-2650
(509) 766-2678 FAX

<http://www.mlsl161.org>

VERIFICATION OF PROFESSIONAL EMPLOYMENT

Date: _____

To: _____
Superintendent or Designee

School District or Institution

Address

City/State/Zip

From: Moses Lake School District #161
920 W. Ivy Avenue
Moses Lake, WA 98837

The following individual is employed by the Moses Lake School District and has reported previous professional employment with your district. Please complete the information requested on the reverse side of this form. Thank you for your assistance in establishing an accurate service record for this employee.

PERSONAL DATA (to be completed by employee)

Last Name	First	M.I.	Social Security Number	
Other Name(s) Used During Employment in this District			Birth Date	
Street Address		City	State	Zip
Approximate Dates of Employment		Position(s)	School/Department	

Present Salary Schedule Placement _____

I authorize the release of all information requested in the **Verification of Employment** to Moses Lake School District 161.

Employee Signature

Date

Please continue on reverse side

Employee Name _____

<p>Instructions for Schools:</p> <ul style="list-style-type: none"> •Use one line for each academic year or change in status. •Clearly identify leave of absence periods. •For Preschool through 12 experience, record only positions requiring a state education license. •Do not record tutoring, practice work, or student teaching. •Prorate full-time experience for partial days and unpaid leaves of absence. 	<p>Instructions for business and industry:</p> <ul style="list-style-type: none"> •Use one line for each calendar year or change in status. •Divide work experience into management (supervisor or foreman) and non-management assignments. •Calculate hours worked in each category. Do not duplicate. •Prorate full-time experience for partial days and unpaid leaves of absence. •Record work experience only in the following occupational area.
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Column 1 Position Includes Subjects taught for NCLB - Core Subjects (Ex. 1: Jr. High Math, Elem. Educ., HS English, Elem. Music, etc.)	Column 2 Dates of Service From Mo/Day/Yr to Mo/Day/Yr	Column 3 Number of Paid Days in Full Time Year	Column 4 Number of Paid Hours in Full Time Day	Column 5 Number of Paid Days during this Period	Column 6 Number of Paid Hours during this Period	Column 7 Teacher: Total Hours Actually Paid (Col 5 x Col 6) Substitute: Total Hours Actually Paid: Col 6 x Col 8)	Column 8 Certification Number of Substitute Teaching Days during this Period	Column 9 (K-12 Only) Required State Education License Yes or No
Example 1:	8/26/96 - 6/05/07	180	7.5	173				
Example 2: Substitute	6/07/08 - 9/10/11	180	7.5					

Public School Private School College, Voc Tech Other _____

Accumulated sick leave earned in **Washington State** through date of termination to be transferred: _____ hours

I certify that all information listed above is complete and correct according to the official records on file in the institution providing this verification of employment.

Signature of Superintendent or Designee Title Date Phone Number

School District/College/Institution/Business Organization Address, City, State, Zip Code Email