



VERIFICATION OF PROFESSIONAL EMPLOYMENT

Nevada Public Schools & Nevada Charter Schools

The individual whose name appears below must have previous contracted teaching employment verified. Once completed, please return all forms to the individual. Your assistance in establishing a correct service record for this employee is appreciated.

Page 1: To be completed by individual requesting verification of employment. Both pages should then be sent to school system/district/institution to complete page 2.

Page 2: To be completed by school system/district/institution. Both pages should then be returned to individual who will submit to designated WCSD Human Resources Technician.

SCHOOL SYSTEM, DISTRICT OR INSTITUTION NAME:	
ADDRESS:	
CITY, STATE, ZIP CODE:	FAX # OR EMAIL SUBMITTED TO FOR COMPLETION

EMPLOYEE'S LAST NAME	EMPLOYEE'S FIRST NAME & MIDDLE INITIAL
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION LISTED ABOVE	
SOCIAL SECURITY NUMBER	
APPROXIMATE DATES OF EMPLOYMENT FOR WHICH VERIFICATION IS REQUESTED	
APPROXIMATE DATES OF LEAVE OF ABSENCE PERIODS	
POSITION(S)	
NAME OF SCHOOL(S) OR DEPARTMENTS	

I authorize the above mentioned organization to release all information requested in the "Verification of Professional Employment" to the Washoe County School District.

Employee Signature

Date

VERIFICATION OF PROFESSIONAL EMPLOYMENT - to be completed by institution Nevada Public Schools & Nevada Charter Schools

Employee's Name: _____

Social Security Number: _____

Have all evaluations been satisfactory? _____

At conclusion of service, employee was: Probationary _____ Post-Probationary _____

Sick Leave Balance Hours _____ Days _____

Did this employee ever receive the \$2,000 signing bonus from your District? Yes _____ No _____

1	2	3	4	5	6	7	8	9
Position	Grade Level/Subject Area Taught	State Education License Required?	School Year Employed	Number of DAYS in full-time year in your institution	Number of HOURS in full-time day in your institution	Number of <u>contracted</u> DAYS paid to this employee during this period	Number of <u>contracted</u> HOURS per day paid to this employee during this period	FTE
Example: Teacher	Grades 9-12 English	Yes or No	2000-2001	185	7.5	173	3.75	.5
		Yes or No						
		Yes or No						
		Yes or No						
		Yes or No						
		Yes or No						
		Yes or No						
		Yes or No						
		Yes or No						

COMMENTS: _____

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		Institution	Street Address
Date	Printed Name and Title	City, State, Zip Code	Area Code/Telephone Number

PLEASE RETURN BOTH COMPLETED FORMS TO EMPLOYEE