



## 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: \_\_\_\_\_

Please indicate the Step and Level on your salary schedule at conclusion of service: \_\_\_\_\_

Does your salary schedule include a "zero" step? Yes \_\_\_\_\_ No \_\_\_\_\_ 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