|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Verification of Certificated Employment Service and Sick Leave** | | | | | | | | **Omak School District**  Human Resources  619 W. Bartlett Ave.  Omak, WA 98841  509-826-7687 FAX 509-826-7689 | | | | |
|  | Dates During Which Service Was Rendered  One line per fiscal year | | Position Held  (by Position and Subject) | Days in Normal Full Contract Year | **Actual** Days Served | Hours In Normal Full Time Contract Work Day | **Actual** Hours Per Day Employed | | **If Preschool or K-12 Employment, was State Education License (Certification) Required** | Type of Service | | |
| Beginning | Ending | Full Time | Part Time | Substit |
| 09 /01/ 04 | 06/ 30 /05 | Example: 8th grade teacher –  English/History/Geography | 182 | 182 | 7.0 | 7.0 | | Yes No N/A | X |  |  |
| 10/05/05 | 06/30/06 | Example: 2nd grade teacher | 182 | 158 | 7.0 | 7.0 | | Yes No N/A |  | X |  |
| / / | / / |  |  |  |  |  | | **Yes No N/A** |  |  |  |
| / / | / / |  |  |  |  |  | | **Yes No N/A** |  |  |  |
| / / | / / |  |  |  |  |  | | **Yes No N/A** |  |  |  |
| / / | / / |  |  |  |  |  | | **Yes No N/A** |  |  |  |
| / / | / / |  |  |  |  |  | | **Yes No N/A** |  |  |  |
| / / | / / |  |  |  |  |  | | **Yes No N/A** |  |  |  |

## TYPE OF SCHOOL:

For type of school enter PUB for Public, PRI for Private, DEN for Denominational, IHL for Institution of High Learning, FRN for Foreign schools.

**ACCREDITED:** Yes or No

A school will be considered accredited only if officially accredited by a state Department of Education, a territorial accrediting association, one of the regional accrediting associations (i.e. Northwest), school operated by the United States in foreign countries when the school has been accredited by a recognized agency of the United States.

**ACTUAL DAYS SERVED:** Actual days served should include all paid personal or sick leave taken as worked days during the school year.

|  |
| --- |
| **SICK LEAVE**: List accumulated sick leave earned in Washington State through date of termination. hours  Sick leave used since January 1, 20 (current year) hours |
| **Washington State Retirement System Plan:** |
| **NOTE:** In accordance with WAC 392-121-262, please send documentation for all credits and clock hours taken after September 1, 1995. |

***NAME OF INDIVIDUAL FOR WHICH YOU ARE CERTIFYING INFORMATION FOR*:**

## I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT ACCORDING TO OUR OFFICIAL RECORDS.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SIGNATURE OF CERTIFYING OFFICER | PRINTED NAME/TITLE | EMAIL ADDRESS | PHONE NUMBER | |
| SCHOOL DISTRICT | MAILING ADDRESS: STREET CITY STATE ZIP CODE | | | DATE |

**VERIFICATION OF PROFESSIONAL EMPLOYMENT**

|  |
| --- |
| **TO: Human Resources Department – Certificated** |
| (School System or Institution) |
| (Street Address/PO Box) |
| (City, State, Zip Code) |

**FROM:** Heather Popelier, Human Resources Omak School District

Return Completed Verification Form to this Address

619 W Bartlett Ave

Omak, WA 98841

Fax (509)826-7689

hpopelier@omaksd.org

The individual whose name appears below must have previous professional employment verified. Please complete their information requested on the reverse side of this form. Your assistance in establishing a correct service record for this employee is appreciated.

|  |
| --- |
| Individual’s Name (First Middle Last) |
| Full name when Last Employed with your District |
| 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 you to release all information requested in the “Verification of Employment” to the school district listed above.

Employee Signature Date