

# BAINBRIDGE ISLAND SCHOOL DISTRICT

## Human Resources

8489 Madison Ave NE Bainbridge Island, WA 98110

Phone: (206)-780-1594 | Fax: (206)-842-2928

### VERIFICATION OF EMPLOYMENT - CLASSIFIED

**ATTN: HUMAN RESOURCES**

School District

Street Address

City, State, ZIP Code

**Please return completed form to:**

ATTN: Laura Ter Louw  
 Bainbridge Island School District  
 Human Resources Specialist  
 Email: lterlouw@bisd303.org

The individual whose name appears below has recently been hired as a **CLASSIFIED employee** with the Bainbridge Island School District. For proper salary placement, please complete the information requested and return to BISD. Your assistance establishing a correct placement for this employee is appreciated.

<b>NAME:</b>	<input style="width: 95%; height: 20px;" type="text"/>	<b>NAME:</b> (if different during employment)	<input style="width: 95%; height: 20px;" type="text"/>
<b>SOCIAL SECURITY NUMBER:</b>	<input style="width: 250px; height: 20px;" type="text"/>	<b>Approximate Dates of Employment:</b>	<input style="width: 250px; height: 20px;" type="text"/>

I authorize the release of all information requested for verification of classified experience to Bainbridge Island School District

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>TO BE COMPLETED BY INDIVIDUAL VERIFYING EXPERIENCE - SCHOOL USE ONLY</b>					
<b>SERVICE RECORD</b>					
School Year	Dates of Service FROM (Mo/Day Year) TO (Mo/Day/Year)	Assignment	Hours Per Day	Days Per Year Worked	Comments

Please provide hours of sick leave available for transfer:

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

<b>Name (print)</b> _____	<b>Date</b> _____
<b>Signature</b> _____	<b>School District</b> _____
<b>Title</b> _____	<b>Phone Number</b> _____