

Oregon City Public Schools

VERIFICATION OF PROFESSIONAL EMPLOYMENT

Employee's Name _____ Date of Birth _____ Social Security No. _____

Use one line for each academic year or change in status

Clearly identify leave or absence periods

School District or Institution	State	Dates of Service From Mo/Day/Yr	To Mo/Day/Yr	Days in Full Contract Year	Contract Days Employed	Status		Hours Per Day	Position
						Full Time	Part Time		

Number of sick leave hours transferred to your district from other Oregon district: _____
 Which other Oregon district transferred sick leave hours? _____
 Accumulated sick leave hours at time of leaving your district: _____

Head Coaching Experience: (List by sport, total seasons)

Sport _____ No./Seasons _____ Sport _____ No./Seasons _____ Sport _____ No./Seasons _____

I certify that the above-listed verification includes experience as a regularly-employed teacher and/or as a substitute on a full-time basis. (Note: Day-to-day substitute teaching, tutoring, practice work, cadet work, or work done when part-time is devoted to duties as a student should not be shown as teaching experience.)

Signature of Authorized Official

Title

Date

School District or Institution

Street

City

State

Zip Code

Please forward this completed verification to: **Oregon City Public Schools, P.O. Box 2110, Oregon City, OR 97045**

Oregon City Public Schools

ALL INFORMATION ON THIS PAGE IS TO BE PROVIDED BY THE EMPLOYEE

Memo To:

ADDRESS OF ORGANIZATION TO PROVIDE THE VERIFICATION OF EXPERIENCE

Superintendent or Chief Executive Officer

School System or Institution

Street Address

City, State, Zip Code

From:

John Ogden, Director of Human Resources
Oregon City Public Schools
P. O. Box 2110
Oregon City, OR 97045

**RETURN COMPLETED
VERIFICATION TO
THIS ADDRESS**

Reference: Verification of Professional Employment

The individual whose name appears below must have previous professional employment verified. On the reverse side of this form it is requested that verification be provided for the professional employment in your school system or institution. Your assistance in establishing a correct service record for this employee will be appreciated.

DATA NEEDED BY THE ORGANIZATION PROVIDING THE VERIFICATION OF EMPLOYMENT

First Name	Middle Name	Maiden Name	Last Name
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Full name when last employed with organization

Social Security No.

Dates of employment

Dates of Leave of Absence periods

Position(s)

Name of school(s) and/or department(s)

Authorization is granted to release all information request in the "Verification of Employment" to the school system or institution noted above.

Signature of Employee

Date