



# Human Resources Division

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 Website: www.alisal.org

## HUMAN RESOURCES DIVISION CERTIFICATED VERIFICATION OF EXPERIENCE

The following person has been currently employed by the Alisal Union School District. Their application has indicated your business as a previous employer. Please complete the bottom portion of this form and return to our office as soon as possible. *Thank you.*

To be completed by employee:

Previous School District/Address:

_____	_____
Name	Printed Full Name
_____	_____
Address	Social Security No.
_____	_____
City, State, Zip Code	Position
	_____
	Dates of Employment

I hereby authorize the release of verification of experience and accumulated days of leave of absence for illness or injury to the Alisal Union School District, if applicable.

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

To be completed by previous district:

Our records indicate that the above-named person was employed as follows:

Position(s) Held	Dates of Service Month/Year	No. of Days Taught No. of Days in School Year	Grade Level/Subject

\*If substitute experience, indicate exact days

\_\_\_\_\_  
 Signature Title Date

### CALIFORNIA SCHOOL DISTRICTS ONLY

Our records indicate that the above-named person was entitled to a total of \_\_\_\_\_ hours of accumulated unused sick leave upon termination of employment with this district. (Education Code Section Certificated: 44979.)

\_\_\_\_\_  
 Signature Title Date

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER