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

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

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)

<table>
<thead>
<tr>
<th>Sport</th>
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<tr>
<td>No./Seasons</td>
<td>No./Seasons</td>
<td>No./Seasons</td>
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</tbody>
</table>

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

Rev. 9/99

(VERIFICATION OF EXPERIENCE)
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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden Name</th>
<th>Last Name</th>
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</table>

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

REV. 6.15
(VERIFICATION OF EXPERIENCE)