



TO BE FILLED OUT BY EMPLOYEE

Employee Name	Social Security Number

TO BE FILLED OUT BY PREVIOUS EMPLOYER

Previous Employer Name	
Hire Date	Termination Date
Did this employee hold a credential while employed? _____	

Please list service for each school year separately. Use additional sheets if necessary.

CLASSIFICATION <i>(Example: K-12 teacher)</i>	SCHOOL YEAR <i>(Example: 1998-99)</i>	FULL TIME (X)	OR % OF FULL TIME (FTE)	# OF DAYS IN SCHOOL YEAR <i>Example: 180</i>	# OF DAYS OF PAID SERVICE <i>Example: 176</i>

I certify that the above statements are true.

Verifying Office Name (Please print.)

Verifying Officer Title

Signature

Date

Address, City, State, Zip

Phone Number

E-mail Address