



VERIFICATION OF EXPERIENCE
 Employee Contracts & Compensation
 Human Resources Unit
 (702) 799-2812

Employee Name _____ SS# _____ Employee Signature _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE FORMER SCHOOL DISTRICT/PRIVATE SCHOOL

Name of School District or Educational Institution _____
 Is the school licensed by the state or a government entity, or accredited by a nationally-recognized accreditation association? Yes _____ No _____

Please list each school year separately. Do not list substitute work. Employee's salary will be based on the information provided. Please be specific. Attach additional sheets if necessary.

SCHOOL YEAR	DATES OF SERVICE		NO. OF DAYS IN CONTRACT YEAR	NO. OF CONTRACTED DAYS COMPLETED	FULL-TIME	PART-TIME	TEACHING	SCHOOL ADMINISTRATION	POSITION TITLE
	FROM MM/DD/YY	TO MM/DD/YY							

Was this employee placed on "administrative leave" or "work-at-home" leave/assignment during the dates of service listed above?
 Yes _____ No _____ Decline Response _____

Did this employee resign or otherwise leave employment (e.g., settlement agreement) while allegations of misconduct and/or disciplinary actions were pending?
 Yes _____ No _____ Decline Response _____

For Nevada Public School Districts or Nevada Charter Schools Only			
Unused sick leave: _____ Days/Hours	Was Nevada probation completed under NRS 391.31216? Yes _____ No _____ If a post-probationary employee, was an unsatisfactory evaluation issued during either or both of the last two years of employment? Yes _____ Which school year(s)? _____ No _____		Was contract year completed? Yes _____ No _____
	Years of experience in your district:	Salary Step:	Was first step "0"? Yes _____ No _____
		Salary Class:	

I certify that all information listed above is complete and accurate according to the official records on file.

Printed Name of Official Representative _____ Title _____ Authorized Signature _____

School Address _____ Telephone Number _____ Date _____

Return completed form via:
 U.S. Mail: Human Resources Unit
 Clark County School District
 2832 East Flamingo Road
 Las Vegas, NV 89121

Fax with Cover Sheet: 702-387-0632
 Email: ccsdemployeecontracts@interact.ccsd.net

Official School Seal or Stamp Required:
 (If not available, attach business card or stationery.)