



VERIFICATION OF EXPERIENCE

Licensed Contracting Services
Human Resources Division
(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 _____ Reason for Declined 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 _____ Reason for Declined Response _____

For Nevada Public School Districts or Nevada Charter Schools Only

Unused sick leave: _____ Hours _____ Days	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

Completed form must be returned directly by former school via:

U.S. Mail: Human Resources Division
 Clark County School District
 2832 E. Flamingo Road
 Las Vegas, NV 89121

Fax with Cover Sheet: 702-387-0632

E-mail: contracting@nv.ccsd.net

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

