



# 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 _____ No _____ Which school year(s)? _____	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.)

