HUMAN RESOURCES DEPARTMENT
701 NORTH MADISON STREET • STOCKTON, CA 95202-1687
(209) 933-7065 Fax 465-1094

VERIFICATION OF EXPERIENCE AND ACCUMULATED ILLNESS LEAVE

_______________________________________ _________________________

Print Name SSN

I hereby authorize the release of information verifying employment and the amount of accumulated days of illness leave to the Stockton Unified School District.

✍_____________________________________ ___________________

Employee Signature ***Date***

The employee listed above has accepted employment with Stockton Unified School District for the current school year. Please verify employment so that we may make an accurate placement on the salary schedule and record the transfer of any unused, accumulated illness leave. ***Verification of Experience Form must be received within two months of employment.***

Completed forms may be mailed or faxed to: **SUSD Human Resources Department**

Attn:____________________________

TO BE COMPLETED BY VERIFYING DISTRICT

*School District:

_______________________________________ ___________________

Name Phone Number

_______________________________________ ___________________

Address Fax Number

____

City, State, Zip

*The above named individual was employed in a contracted position as follows (include each school year):

Title/Position	FTE	School Year	#Days in School Year	#Days Worked	75% of Year Y/N

Attach additional/supplemental forms as needed.

*_____________ Total number of days/hours of accumulated, unused illness leave entitled to upon termination of employment with this district, pursuant to Education Codes §44979, Certificated and §45202, Classified (California school districts only).

_______________________________________ ________________________________

Verified By (Print Name) Title

✍_____________________________________ ___________________

Signature ***Date***

HR/New Hire Documents
Verification of Experience v3 11-2-21

For Official Use:
Employee ID: ________________ Date Processed: ___________ By: ________________

__________ Hours / Days Calculation: ____