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## Request for Verification of Professional Experience

My signature below authorizes you to verify my employment experience from \_\_\_\_\_ to \_\_\_\_\_  
(Beginning Date) (Ending Date)

in \_\_\_\_\_,  
(Name of District) (Address)

At the time of my employment in your District, my full name was \_\_\_\_\_

My Social Security Number is \_\_\_\_\_.

Determination of my salary placement is dependent upon verification of my teaching/counseling experience. Please complete the information requested on this form and return it directly to the Personnel Office, La Grande School District, 1305 North Willow Street, La Grande, Oregon 97850. Thank you for your assistance.

\_\_\_\_\_  
(Signature)

*This is to certify that the individual whose signature appears above was employed at \_\_\_\_\_ School District in a position requiring a teaching license as indicated below:*

Certified Position Title: \_\_\_\_\_ Full Time: \_\_\_\_ Part Time (FTE): \_\_\_\_

From: \_\_\_\_\_(M/D/Y) To: \_\_\_\_\_(M/D/Y)

Total # Substitute Days : \_\_\_\_\_ Total # of Contract Days \_\_\_\_\_ X # Years \_\_\_\_\_ = \_\_\_\_\_ Total Experience

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE MAKE COPIES IF ADDITIONAL FORMS ARE NEEDED

**OPPORTUNITY & EXCELLENCE**

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