



VERIFICATION OF EXPERIENCE

For newly hired staff in the Dallas School District

Please assist us by filling out the following information regarding the following new staff member and return this form to:

Dallas School District No. 2
111 SW Ash Street
Dallas, OR 97338
Attention: Debbie Green
debbie.green@dsd2.org

I certify that according to the records on file in my office that _____
Has served in the public schools of this district for the following period(s) of time:

DEPARTMENT Senior/Junior High/ Elementary	FROM Month/Year	TO Month/Year	LENGTH OF SERVICE (In months)	LIST PERCENTAGE IF LESS THAN FULL TIME

VERIFICATION OF SICK LEAVE:

_____ Number of **hours** of unused Sick Leave

_____ Number of these **hours** transferred from (an) other Oregon **public** school District(s)

_____ Number of these **hours** transferred from a **public** school district **outside** Oregon

District Designee

School District

Address/City/State/Zip

Date

P:DO/employment/verification of experience