

**La Center School District No. 101**

725 Highland Road/PO Box 1840  
 La Center, WA 98629  
 Phone: 360.263.2131/Fax: 360.263.1140

**Employment Verification**

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

The above person has applied/been hired for a position with the La Center School District and has indicated past employment by your district/organization. Verification of teaching experience is necessary. Please provide the information requested below then return to our district office as soon as possible.

School Year	Position Held	Days in Full Time Year	Hrs in Full Time Day	Full Time Y / N	Days Pd This School Year if Less Than 1 FTE	Certificate Required Y / N	La Center SD Use Only: Annual FTE

To Be Completed By  
 Washington State Districts:

Reporting School District:

Sick Leave Hours Transferable \_\_\_\_\_

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

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

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

Sick Leave Hours Used In the \_\_\_\_\_ School Year: \_\_\_\_\_

Retirement Plan:  #1  #2  #3 Option \_\_\_\_\_  
 Investment Manager \_\_\_\_\_

For La Center School District Use:  
 Total years experience: \_\_\_\_\_