SFUSD SAN FRANCISCO PUBLIC SCHOOLS

VERIFICATION OF PREVIOUS PUBLIC OR PRIVATE SCHOOL EXPERIENCE

Name	Social Security Number

TO BE COMPLETED BY PREVIOUS EMPLOYER

Previous Employer Name			
Hire Date	Termination Date	Did employee hold a credential while employed?	
Address	City	State	Zip
Phone	Email		

CLASSIFICATION (Example: K-12 teacher)	SCHOOL YEAR (Example: 1998-99)	FULL TIME (X)	% FULL TIME (FTE)	# DAYS IN SCHOOL YEAR Example: 180	# DAYS OF PAID SERVICE Example: 176

I certify the above information is true.

Verifying Officer Name

Verifying Officer Title

Verifying Officer Signature

Date