



TRAVIS UNIFIED SCHOOL DISTRICT
Verification of Experience and Sick Leave Hours

Former District Information:

Your school district has been listed as a prior employer for the newly hired employee shown below. We determine the employee's placement on our salary schedule based on prior experience, including long-term substitute work. Please complete the information shown below and return by fax as soon as possible.

EMPLOYEE NAME: _____ SIGNATURE: _____

LAST FOUR SOCIAL SECURITY NUMBER: _____

Name of School	Position & Grade	Start of School Mo/Day/Yr	End of School Mo/Day/Yr	# of days in normal year	# of days actually worked	Full or Part time employee

This is to certify that the above named certificated employee was employed by this district in a certificated capacity from _____ to _____. I hereby request the above district to certify district my accumulated leave of absence for illness or injury to which I am entitled under Education Code Section 44979.

Total Earned Sick Leave Transferred: _____ Regular hours _____ Excessive Hours _____

I hereby certify that the above listed experience is a true and correct copy of the records on file for the teacher named above.

Signature _____ Title _____ Date _____
 Address _____ Telephone Number _____

PLEASE RETURN BY FAX TO (707) 437-8122