



Berkeley Unified School District

Human Resources Department
2020 Bonar St., Berkeley, CA 94702

Verification of Experience

For Certificated Staff Only

Instructions:

Employee – Complete Section 1 and send to employer.

Former Employer – Complete Section 2 and email directly to hr@berkeley.net.

Do not send completed form back to employee.

I, _____, authorize the release of the following information regarding previous employment with your school district. **Signature:** _____, **Date:** _____

Section 1 – Fill out previous employer information.

Organization	Contact Person	Phone	Date
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Section 2 – Former Employer – see the example on first line below.

School Year	Position	FTE	#of Days in School Year	#of Days Worked	Hours Worked per Day
16-17	SAMPLE -- Certificated Teacher	1.00	184	180	7.5

Transfer of Sick Leave Balance

Total Number of Unused Sick Days	Date	Verified by, Name and Title	Signature of Authorized Representative