

**REQUEST FOR VERIFICATION OF WORK EXPERIENCE & SICK LEAVE BALANCE**  
\*\*\*For CLASSIFIED STAFF ONLY\*\*\*

**Instructions:**

- Employee- Complete Section 1 and forward to Former Employer
- Former Employer- Complete Sections 2 and 3 and return the completed form to BUSD's HR Analyst at: [MalikaUpshur@Berkeley.net](mailto:MalikaUpshur@Berkeley.net)

(This form is NOT to be returned to Employee once the Former Employer Sections are completed)

\*\*\*Please be sure to check the Affirmation box after completed and furnish contact information to verify authorization to complete this document. If you have any questions or concerns, you may contact the Berkeley Unified School District's Human Resources Department at 510.644.8924 \*\*\*

<b>SECTION 1- EMPLOYEE &amp; PREVIOUS EMPLOYER CONTACT INFORMATION-</b> This section is completed by Former Employee			
Employee Name (last, first, mi):		EEID or SSN:	
Address:	City:	State:	Zip:
Former Employer:			

**IMPORTANT NOTICE:** The following 2 sections may be completed and signed **ONLY** by individual(s) authorized to furnish this information on behalf of the organization above, **not** former employees. Any alteration and/or misuse of this form will be construed as fraud and responsible parties will be held accountable accordingly.

**This section is completed by Former Employer ONLY**

<b>SECTION 2- VERIFICATION OF WORK EXPERIENCE-</b>		
Any Position(s) Held/Job Title:	Start Date:	End Date:

**This section is completed by Former Employer ONLY**

<b>SECTION 3- VERIFICATION OF UNUSED SICK LEAVE BALANCE-</b> (CA Public School Districts only, Ed. Code Sec. 44979 & 45202)	
Number of accumulated, unused sick leave days employee was entitled to upon termination of employment: _____ Days	
<b>AUTHORIZED DISTRICT REPRESENTATIVE SIGNATURE and AFFIRMATION -</b>	
Completed By (Authorized party name): (place below)	Title: (place below)
<input type="checkbox"/> I verify this employment and sick leave information is correct and I am authorized to report on prior employment on behalf of agency named above	
Email Address:	Phone Number:

Authorized Signature:	Date:
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