

Capistrano Unified School District – Human Resource Services
33122 Valle Road
San Juan Capistrano, CA 92675
VOE@capousd.org

VERIFICATION OF CERTIFICATED TEACHING/SERVICE EXPERIENCE
(BOTH SECTIONS MUST BE COMPLETED FOR THIS EXPERIENCE TO BE CONSIDERED.)

Section A: (TO COMPLETED BY EMPLOYEE) Personal Information

*Employee's Name _____ *Birth Date _____

*Previous Names Used _____ *Social Security Number _____

*Phone Number _____ *Dates of Service _____

I hereby give my former and/or current employer permission to release any and all information requested; and I agree to hold the Capistrano Unified School District and its employees harmless as to any information provided.

 Signature of Applicant

 Date

Section B: (TO BE COMPLETED BY FORMER SCHOOL DISTRICT) Former District Information

Employment Verification

Dates of Service		Indicate FTE		Grade Level	Credential Required for position	Position(s) Held
From Month & Year	To Month & Year	Full-Time (75% or more)	Part-Time (Less than 75%)			

Experience must be contracted for at least 75 % of the school year. Substitute teaching, serving as a teachers' aide or assistant cannot be counted. Experience must be in a K-12 public or private WASC accredited school. Adult Education/Community Education will not be counted. **Is this school WASC accredited?** Yes _____ No _____

Transfer of Sick Leave

This is to verify that the above named person accumulated _____ days or _____ hours of unused sick leave. Transfer of accumulated sick days is valid for California public schools.

Must be signed for Employment Verification and/or Transfer of Sick Leave to be considered

District _____ Phone Number _____

Street Address _____

Name _____ Title _____

Signature _____ Date _____

PLEASE RETURN THIS COMPLETED FORM TO THE CUSD ADDRESS or EMAIL ABOVE