



**Bellevue School District
Human Resources**

12111 NE 1st Street
Bellevue, WA 98005
425-456-4040 ● 425-456-4078

**Verification of Employment
CLASSIFIED**

Attn: Human Resources / Personnel
School District: _____
Street Address: _____
City, State, Zip: _____

The individual whose name appears below has been hired as a classified employee with The Bellevue School District. Please indicate the sick leave balance available for transfer, along with any positions held while employed by your district.

Name _____ **Social Security Number** _____
Former name (if different during employment) _____
Approximate Dates of Employment _____

I authorize the release of all information requested for verification of classified experience to the Bellevue School District.

Employee Signature _____ **Date** _____

SCHOOL DISTRICT USE ONLY

Sick leave balance available for transfer (hours) _____

School Year	Dates of Service From (m/d/y) to (m/d/y)	Assignment / Position held

Please mail, email or fax completed form to:

Bellevue School District
Human Resources
PO Box 90010
Bellevue, WA 98009-9010
Fax: 425-456-4078
hr.info@bsd405.org

I certify that all information listed above is complete and correct according to the official records on file with this district.

Signature _____ Date _____
Printed Name _____ School District _____
Title _____ Phone Number _____