

Mercer Island School District
4160 86th Avenue SE
Mercer Island WA 98040
206-236-3318 • FAX: 206-236-3333

Verification of Professional Employment

To:

Superintendent or Chief Executive Officer

School System or Institution

Street Address

City, State, Zip Code

Return completed verification to this address:

Mercer Island School District
Human Resources
4160 86th Avenue SE
Mercer Island WA 98040

The individual whose name appears below must have previous professional employment verified. Please complete the information requested on the reverse side of this form. Your assistance in establishing a correct service record for this employee is appreciated.

Individual's Name (First, Middle, Last)

Full Name when last employed with your organization

Social Security Number

Approximate dates of employment for which verification is requested

Approximate dates of leave of absence periods

Positions(s)

Name of School(s) and/or departments

I authorize you to release all information requested in the "Verification of Employment" to the school district listed above.

Employee Signature

Date

