

# Snoqualmie Valley School District

P.O. Box 400 ~ Snoqualmie, WA 98065 ~ Phone: 425-831-8000 ~ Fax: 425-831-8040

## Verification of Certificated Substitute Employment

### To be completed by employee

Legal Name	SSN (last 4)
Former Name	Date of Birth
School District	Approx. Dates of Employment

### To be completed by responsible official at former employer

Institution Name	City & State
Check one: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> College/University <input type="checkbox"/> School outside of USA	
Name of Certifying Officer	Title
Phone Number	Email

### Washington State Employers

Total number of sick leave hours used during <b>current calendar</b> year 20_____	
WA State Retirement System Number	
The above named employee is a benefits-eligible employee transferring from your district without a break in SEBB coverage. A break in SEBB coverage is one full calendar month in which the employee does not receive the employer contribution.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### All Employers: Complete page 2

Legal Name	SSN (last 4)
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**Instructions:** List position(s) chronologically. Use one line for each school year. Do not include tutoring, practice work or student teaching. Please use additional copies of this form if more lines are needed. Please call 425-831-8001 if you need assistance. This form must be on file 30 days from hire. PLEASE EXPEDITE.

Substitute Position	State Education License (Certification) Required	Dates of Service Enter one line per year	What constitutes full time? # Paid Hours in a Full-time Year at Your Institution	What was the person paid? # Hours Paid to This Employee During this Period	SVSD HR Use Only
Example: Certificated Sub	<input type="checkbox"/> Yes <input type="checkbox"/> No	09/01/22-06/17/23	1,350	1,000	
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

**I certify that the above information is true and correct according to our official records**

Signature of Certifying Officer	Date
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**Employers: Please forward both completed pages directly to Snoqualmie Valley School District via email, FAX or US Mail.**

<a href="mailto:humanresources@svsd410.org">humanresources@svsd410.org</a>	FAX: 425-831-8040	Snoqualmie Valley School District, ATTN: HR PO Box 400, Snoqualmie, WA 98065
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