

Employee Signature Authorizing Release of Information

## **Quilcene School District No. 048** 294715 U.S. Highway 101 - P.O. Box 40 Quilcene, WA 98376

Phone: (360)765-2952 Fax: (360)765-3015 Web: www.qsd48.org

	REQUEST FOR VE	RIFICATIO	N OF PRO	FESSION	AL EMPLO	YMENT	
To: Human F	Resources/Personnel D	epartment	t	Date:			-
Employee:			Social Security: XXX-XX-				
Other Names	Approximate Dates:						
Position:			School Name:				
clock hour for	ete the information belows, and all pertinent per Resources Dept.  >Use one line for each academ >Do not record tutoring, pract >Clearly identify unpaid leave >Record number of substitute	ersonnel do lic Year; lice work, or stu of absence per	ocumentat Thank you udent teaching riods;	ion to the d ou for your		ed above.	ranscripts,
Dates of Service	Position	Days in full Contract Year	Hours per	Actual Days Worked	Hours Worked per day	Total Days Substitute Teaching	Certification Required (Yes/No)
		<del>                                     </del>					
WASHINGT	ON STATE SCHOO	L DISTRIC	TS ONL	<u>I                                    </u>			
	nce:(Hours) Si				Hours)		
Retirement Plan: TRS 1			TRS 2		TRS 3		
I CERTIFY THAT A	ALL INFORMATION LISTED A	BOVE IS COMI	PLETE AND C	ORRECT ACC		IE OFFICIAL	RECORDS ON
Signature of Superintendent or Designee			Title				Date
Print Name			Address				
			Phone				
I authorize you t	o release all information red	uested in this	s vertification	ı of professio	nal employme	ent to Quilcer	ne School District.

Date