



# VERIFICATION OF EXPERIENCE

Compensation  
Human Resources Division  
(702) 799-2812

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_ Employee Signature \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE FORMER SCHOOL DISTRICT/PRIVATE SCHOOL**

Name of School District or Educational Institution \_\_\_\_\_

Is the school licensed by the state or a government entity, or accredited by a nationally-recognized accreditation association? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please list each school year separately. Do not list substitute work. Employee's salary will be based on the information provided. Please be specific. Attach additional sheets if necessary.**

SCHOOL YEAR	DATES OF SERVICE		NO. OF DAYS IN CONTRACT YEAR	NO. OF CONTRACTED DAYS COMPLETED	FULL-TIME	PART-TIME	TEACHING	SCHOOL ADMINISTRATION	POSITION TITLE
	FROM MM/DD/YY	TO MM/DD/YY							

Was this employee placed on "administrative leave" or "work-at-home" leave/assignment during the dates of service listed above?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Decline Response \_\_\_\_\_ Reason for Declined Response \_\_\_\_\_

Did this employee resign or otherwise leave employment (e.g., settlement agreement) while allegations of misconduct and/or disciplinary actions were pending?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Decline Response \_\_\_\_\_ Reason for Declined Response \_\_\_\_\_

**For Nevada Public School Districts or Nevada Charter Schools Only**

Unused sick leave:  _____ Hours  _____ Days	Was Nevada Educator Performance Framework (NEPF) utilized to measure performance? Yes _____ No _____  Was Nevada probation completed under NRS 391.31216? Yes _____ No _____  If a post-probationary employee, was an unsatisfactory evaluation issued during either or both of the last two years of employment? Yes _____ Which school year(s)? _____ No _____	Was contract year completed?  Yes _____ No _____	
Years of experience in your district: _____	Salary Step: _____	Was first step "0"? Yes _____ No _____	Salary Class: _____

I certify that all information listed above is complete and accurate according to the official records on file.

Printed Name of Official Representative \_\_\_\_\_ Title \_\_\_\_\_ Authorized Signature \_\_\_\_\_  
 School Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

<p><b>Completed form must be returned directly by former school via:</b></p> <p><b>U.S. Mail:</b> Human Resources Division Clark County School District 2832 E. Flamingo Road Las Vegas, NV 89121</p> <p><b>Fax with Cover Sheet:</b> 702-387-0632</p> <p><b>E-mail:</b> <a href="mailto:contracting@nv.ccsd.net">contracting@nv.ccsd.net</a> (for teachers and other licensed positions) <a href="mailto:balbam@nv.ccsd.net">balbam@nv.ccsd.net</a> (for administrators)</p>	<p><b>Official School Seal or Stamp Required:</b> (If not available, attach business card or stationery.)</p>
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