VERIFICATION OF SALARY PLACEMENT FORM

Employee Contracts & Compensation
Human Resources Unit
(702) 799-2812

Employee Name _____ SS# _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PERSONNEL OFFICE OF PREVIOUS EMPLOYER

Please verify the most recent licensed contract information within the last three school years. * **Please attach applicable salary schedule.**

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_____

SCHOOL YEAR	DATES OF SERVICE FROM MM/DD/YY	DATES OF SERVICE TO MM/DD/YY	NO. OF DAYS IN CONTRACT YEAR	ANNUAL BASE SALARY	FULL- TIME	PART -TIME	STEP/COLUMN*	CLASS / ROW*	POSITION TITLE

For Nevada Public School Districts or Nevada Charter Schools Only

Unused sick leave: _____Days/Hours	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 _____

Completed form must be returned directly by former school via:

U.S. Mail: **Human Resources Unit**
Clark County School District
2832 East Flamingo Road
Las Vegas, NV 89121

Fax with Cover Sheet: **(702) 387-0632**

Email: **ccsdemployeecontracts@interact.ccsd.net**

Official School Seal or Stamp Required:
(If not available, attach business card or stationery.)