

Human Resources Department 45 East State Street, P.O. Box 588 Farmington, Utah 84025-0588

www.davis.k12.ut.us Phone (801) 402-5722 Fax (801) 402-5354

OFFICIAL VERIFICATION OF PROFESSIONAL SERVICES

	Employe	ee Information	(please print):									
	LAST NA	ME	FIRST NAME		SOCIAL SECURITY NUMBER							
	NAME AT	T TIME OF SERVICE	(IF DIFFERENT)			DAVIS DISTRICT WORK LOCATION						
Instructions: Employee should not complete any portion of the information below. This information will be used to determine salary placement within Davis School District guidelines PLEASE LIST EACH SCHOOL YEAR SEPARATELY. Attach additional sheets if necessary. Return completed form to the Human Resources Department at the address above.						Was the school accredited by a nationally-recognized accreditation association? Yes No Choose one: Public Private Charter						
School Year	Beginning MM/DD/YR	Ending MM/DD/YR	School Name	Position (if intern, please indicate)	Days in Full Contract	Actual Days Worked	Hours Worked Per Day	Full or Part Time	License Required? Y/N	Valid License Held?		
	7											
I certify th	nat all information	on listed above is	complete and accurate according to the off	icial records on file.			1.					
Name 8	Title of Authorize	ed Official	Signature of A	Signature of Authorized Official			Date					
District	Verifying Professi	onal Services	Mailing Add	Iress			ī	elephone	Number			