

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	e Information	(please print):									
	LAST NAI	ME	FIRS	FIRST NAME		SOCIAL SECURITY NUMBER						
	NAME AT	NAME AT 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 SEPERATELY. 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 Na	ame	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?	
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I certify th	nat all informatio	on listed above is	complete and accurate acc	ording to the offici	al records on file.	5					·	
Name & Title of Authorized Official				Signature of Authorized Official			Date					
District	Verifying Professi	onal Services		Mailing Addre	ess		1	Т	elephone	Number	П	