

Official Verification

Request For Verification of Academic Work Experience

CITY COLLEGE OF SAN FRANCISCO HUMAN RESOURCES

TO BE COMPLETED BY NEW HIRE							
To My Employer : I am currently working for or applying for a faculty position with City College of San Francisco. For the purpose of salary placement, verification of my previous or present experience is required. Please provide information of my employment at your institution on the form or on official letterhead stationery.							
Institution Name	Employee Name						
Address	(Print Name)						
City	Last Four Digits of SSN#						
State, Zip Code	Employee Signature						
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VERIFICATION OF ACADEMIC WORK EXPERIENCE TO BE COMPLETED BY HUMAN RESOURCES/PAYROLL DEPARTMENT

This institution is on the following schedule: __ semester __ quarter __ trimester __ other

Full Time or	Schedule	Credit	Non-Credit	Semester	Annualized	Total Paid
Part Time		Units	HRS/Week	FTE	FTE	Hours
P/T	SP 2009	3		.4	.2	30
		Part Time	Part Time Units	Part Time Units HRS/Week	Part Time Units HRS/Week FTE	Part Time Units HRS/Week FTE FTE

Attach a report or additional sheets as needed

By signing below, I certify that I am authorized through the Human Resources Department to verify that the above person was employed in the capacity stated and for the time period indicated. Name Job Title Email Phone Number Signature Date

Please return this form directly to: City College of San Francisco, Human Resources Department

50 Frida Kahlo Way, Bungalow 702, San Francisco, CA 94112

Attention: Academic Hiring Unit

Email: Academic Hiring Unit Email at ccsfhr-voe@ccsf.edu

Fax: (415) 452-7786

For questions, please call (415) 452-7660



Verification of Non-Academic Work Experience

CITY COLLEGE OF SAN FRANCISCO

TO MY EMPLOYER								
(Company's Name or Educationa	l Institution):							
ADDRESS		CITY STATE		ZIP				
EMPLOYEE NAME (PRINT FUL	L NAME)							
LAST NAME		FIRST NAME	MIDE	DLE INTIAL				
Employee Signature		SSN(Last 4 Digits)/ID						
I am currently working in or applying for a faculty position with City College of San Francisco District. In order to determine my salary placement, verification of my previous or present experience is required. Verification on your official letterhead with the information listed below is requested, or you may use this form.								
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List all positions, percentage of full time employment, and dates of employment, [e.g. Accounts Manager (100), Jan 1, 2011 to Dec 31, 2011], and a brief job description for each position listed below. If additional space is required, please attach additional pages as needed.								
Po	sition	Percentage of	Employment Date:	Employment Date:				
Ti	tle(s)	Full Time	Beginning	Ending				
VERIFIED BY								
(PRINT) NAME		SIGNATURE						
TITLE		EMAIL						
PHONE		DATE COMPLETED						
PLEASE RETURN TO:								
50 Frida	lege of San Francisco, Human Resourc a Kahlo Way, Bungalow 702, San Franc on: Academic Hiring Unit	-	(415) 452-7660 Direct (415) 452-7786 Fax ccsfhr-voe@ccsf.edu En	nail				