



# Quincy School District 144 - 101

*Quality Education for Kids in the Heart of the Columbia Basin*

SUPERINTENDENT  
John Boyd

BOARD MEMBERS  
Mike Scharbach  
Tricia Lubach  
Myrna Blakely  
Alex Ybarra  
Joann Garces

119 J Street SW Quincy, WA 98848 Phone 509/787-4571 FAX 509/787-4336

## VERIFICATION OF TEACHING EXPERIENCE

To: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ (SS# \_\_\_\_\_) has signed a contract with the Quincy School District and has indicated service with your District during the following time periods \_\_\_\_\_ to \_\_\_\_\_. In order to meet payroll and state audit requirements, we must have verification of this experience on file. Please provide the information listed below.

Was a teaching certificate required for this position? \_\_\_\_\_ (District question)

School Year	Position Held	Contract days per year	Contract hours per day	# of days served	Hours per day	Regular Employee	Substitute Employee

Washington State accumulated sick leave \_\_\_\_\_ days \_\_\_\_\_ hours

Sick leave used during current calendar year \_\_\_\_\_ days \_\_\_\_\_ hours

Shared leave \_\_\_\_\_ hours

Shared leave donation during previous 12 months \_\_\_\_\_ hours sick leave

\_\_\_\_\_ hours annual leave

Retirement Plan \_\_\_\_\_ TRS1 \_\_\_\_\_ TRS2 \_\_\_\_\_ PERS1 \_\_\_\_\_ PERS2

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Completed by \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

**Please return completed form to: Quincy School District, 119 J Street SW, Quincy, WA 98848**