



Personnel File Request

Last Name	First Name	M.I.	Date of Birth	SSN
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Prior Employer Name	Address	City	State	Zip
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I have accepted employment from or I am a candidate for hire by the Riverdale School District. I give my permission for release of information from my personnel file as requested below.

Signature _____ Date _____

Verification of Employment/Experience

This is to certify that the person whose signature appears above was employed by your School District/ESD. In order to determine the exact length of each work/academic year, please fill in the beginning and ending dates for each year employed. (For Teachers, day-to-day substitute teaching, tutoring, practice work, cadet work, or work done when part-time or devoted to duties as a student should not be shown as teaching experience.)

Beginning Mo/Yr	Ending Mo/Yr	Contract Days	Days Served	Hrs Per Day/FTE	Position Held

Sick Leave Transfer & Fingerprints

_____ Hours of unused sick leave

_____ Number of above hours transferred from another Oregon school district Name: _____

_____ Number of these hours transferred from a district outside of Oregon Name: _____

_____ Total Hours to be transferred

Fingerprint-Based Criminal History Verification (classified only)

My signature below certifies that the above employment verification is correct and that I am the person authorized by my agency to verify such employment service.

Signature _____ Date _____

Title _____ Phone _____