

## **Human Resource Services**

## Verification of Management Allied Experience

(Paid experience closely allied to the district assignment)

This verification of ma	nagement allied experienc	e is required by our distr	rict to place	an employee on the salary sched	ule with appropriate yea	ars of experience.	
_	RETURN COMPLETED FORM TO:			Sacramento City Unified School District Human Resource Services, Attention: Personnel Technician P. O. Box 246870, Sacramento, CA 95824-6870			
→ Authorization for i	release of information:						
THIS IS TO VERIFY THAT				, SSN WAS EM		MPLOYED AS INDICATED BELOW.	
THE SECTION BELOW IS TO BE COMPLETED BY PREVIOUS EMPLOYER  IMPORTANT: List verification by fiscal year, i.e., July 1 to June 30. Fill out each column, as requested, or form will be returned for completion.  NOTE: When fully verified, ALLIED experience will be evaluated on the basis of one step for each two years of such acceptable experience WITHIN THE PAST TEN YEARS with a MAXIMUM credit allowance of two steps.							
Fiscal Year Percent of Time Number of Months							
Beginning Date (Month, Day, Year)	Ending Date (Month, Day, Year)	Name of Employe Location of Employ		Type of Work Performed (Be Explicit)	Worked (If Less Than Full-Time)	Number of Months, Days, or Hours (As Applicable)	
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Signature	nature Title			Phone		Date	
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