

Print as many copies of this form as the number of institutions where you have taught in the past. Submit this form to the HR dept. at your previous schools. They will complete the form and return it to WVM.



VERIFICATION OF TEACHING EXPERIENCE

To Whom It May Concern:

I have accepted employment with West Valley-Mission Community College District. For the purposes of salary placement, I need verification of my teaching experience. Please complete this form and return to the address below.

Name: SS#

Other names in which records may appear:

This document verifies teaching at:
(School Name)

Accreditation: Semester or Quarters

Semester	Course	Units	FTE% / Load
Example: Sp. 16	Example: General Psychology	3	.2
	Attach a report or additional sheets as needed		

Date Verified	Verified by Name (Please Print)	Title
Signature		Phone Number

Please return this form to:
Faculty Specialist, Human Resources
West Valley Mission CCD
14000 Fruitvale Avenue
Saratoga, CA 95070 fax: 408-867-9059
faculty.specialist@wvm.edu

Print as many copies of this form as the number of companies where you have worked. Submit this form to the HR dept. at your previous organizations. They will complete the return it to WVM. The work record should be related to your teaching discipline to be applicable.



VERIFICATION OF OCCUPATIONAL EXPERIENCE

To Whom It May Concern:

I have accepted employment with West Valley-Mission Community College District. For the purposes of salary placement, I need verification of my Work Experience. Please complete this form and return to the address below.

Employee: SS#:

Other names in which my records may appear:

Position Title: Dates of Employment:

Full-Time or Part-Time **If part-time, number of hours worked per month:**

Employment responsibilities in this position, including specific task(s) performed:

Date Verified	Verified by Name (Please Print)	Title
Company Name:		
	Signature	Phone Number

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