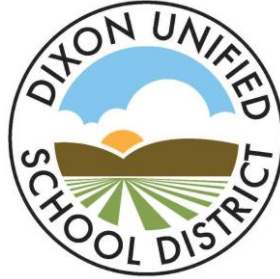


Dixon Unified School District

BRIAN DOLAN, Superintendent

GOVERNING BOARD

- LUKE FOSTER
President
- CAITLIN O'HALLORAN
Vice President
- JEWEL FINK
Clerk
- MELISSA MASEDA
Member
- LLOYD MCCABE
Member



CABINET

- NICK GIRIMONTE
Assistant Superintendent
- MONIQUE STOVALL
Chief Business Official
- CINDY NGUYEN
Executive Director of HR
- KIM PARROTT
Special Ed Director
- MARC MONACHELLO
ITS Director

To: _____ School District/Previous Employer

Name: _____ Social Security (Last 4 numbers) _____
 has been employed by the Dixon Unified School District as a certificated employee. In order to assure correct placement on our salary schedule, it is necessary that we obtain verification of full-time teaching experience. Please provide us with information about the length and type of service with your district and **return this form to Dixon Unified School District, 180 S. First St #6, Dixon, CA 95620; Attention: Human Resources Department.**

I AUTHORIZE THE RELEASE OF THIS INFORMATION TO THE DIXON UNIFIED SICHOOOL DISTRICT.

Signature _____ Date _____

Verification of Experience:

Position	Dates	% of School Year Worked	Number of days worked per year	Valid Credential held

Transfer of Sick Leave:

Would you please have the officer or the employee charged with maintaining employee attendance records certify the total number of days accumulated unused sick leave of absence for illness or injury under Section 44979 and 44980 of the California Education code to which the above named employee is entitled at the time he or she left your district.

_____ has accumulated _____ days of unused sick leave to his/her credit at the time he/she left employment on _____.

Signature / Title _____ Date _____

Phone Number: _____