

Please mail or fax to Granite School District, Human Resources Department, at the address above.

Or you can fax this form to **385-646-4204.**

OFFICIAL VERIFICATION OF EMPLOYMENT FOR CLASSIFIED PERSONNEL

Human Resources

2500 South State Street Salt Lake City, Utah 84115-3110 385-646-4511 FAX 385-646-4204

Candidate is to send this form to former employers for verification.

Name: Last, First, M.I.		Social Security Number: XXX – XX – last 4 digits		Name under which service was rendered if different:			This form is used to determine placement on the salary schedule for classified personnel who have been employed by Granite School District.		
Address: Street, City, State, Z	ip Code			1			We appreciate y	your help in provi	ding the official
Employee Signature: I hereby Resources Department of Gra			rmation requested below to the Human	Date:	Date:		Service credit cannot be given without verification of experience. Form must be received within the first 30 days of Employment.		
Record of Service (to	be compl	eted by respons	sible company official)						
Year During Which Company/Departme Service Was Rendered Beginning Date Ending Date		nt Position		Contract or Hourly	Days in Contract Year	Actual Days Served	Hours Per Day Employed	Full Time or Part Time (percentage)	
Is a license or specialized certif Did the person receive benefits				Yes N					
Company			Address (Street, City, State, Zip Code)			Phone Number			
Name of Company Official (type or print)			Title			FAX Number			
Signature of Company Official			Date						
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Thank you for completing this form,

Dr. Patrick Flanagan Director, Human Resources