



VERIFICATION OF SALARY PLACEMENT FORM

Licensed Contracting Services
Human Resources Division
(702) 799-2812

Employee Name _____ SS# _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PERSONNEL OFFICE OF PREVIOUS EMPLOYER

Name of School District or Educational Institution _____

SCHOOL YEAR	DATES OF SERVICE		NO. OF DAYS IN CONTRACT YEAR	ANNUAL BASE SALARY*	FULL-TIME	PART-TIME	STEP/COLUMN	CLASS / ROW	POSITION TITLE
	FROM MM/DD/YY	TO MM/DD/YY							

*** Please verify the most recent licensed contract information within the last three years. If salary is prorated, list the published annual amount for that step and column. Please attach applicable salary schedule.**

Are additional monies included in the annual base salary entered above? Yes No

If yes, how much additional funds did this employee receive beyond their base pay? \$ _____

For what reason was additional pay received (Example: Prop 301, TRI Monies, State Subsidies, etc.)? _____

For Nevada Public School Districts or Nevada Charter Schools Only

Unused sick leave: _____ Days/Hours Years of experience in your district: _____ Years	Was Nevada probation completed under NRS 391.31216? Yes _____ No _____ If a post-probationary employee, was an unsatisfactory evaluation issued during either or both of the last two years of employment? Yes _____ Which school year(s)? _____ No _____	Was contract year completed? Yes _____ No _____
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I certify that all information listed above is complete and accurate according to the official records on file.

Printed Name of Official Representative _____ Title _____ Authorized Signature _____

School Address _____ Telephone Number _____ Date _____

Completed form must be returned directly by former school via:

U.S. Mail: Human Resources Division
Clark County School District
2832 East Flamingo Road
Las Vegas, NV 89121

Fax with Cover Sheet: (702) 387-0632

E-mail: contracting@nv.ccsd.net

Official School Seal or Stamp Required:
(If not available, attach business card or stationery.)