

WORK EXPERIENCE VERIFICATION FORM

TO MY EMPLOYER:	MY NAME:
	SSN/ID #:
TEACHING FOR (Campus):	AUTHORIZING RELEASE SIGNATURE:

I am applying to teach or have been teaching within the Contra Costa Community College District. In order to determine my teaching qualifications and/or salary placement, they have requested a verification of my previous or present experience. Verification on your letterhead with the information below included is requested, but if no letterhead is available, you may use this form.

Employee Name	Position Title	Name of Business/School and Address
Brief description of this employee's basic job functions:		
Beginning Employment Date(s) Check One: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Ending Employment Date(s) or Current
If work is/was part-time, <u>list total hours worked</u> during the time period specified above.		If teaching is/was part-time at the college level:
		< COMPLETE FORM 7381-A >

By signing below, I verify that the above person was employed in the capacity listed for the time period indicated.

Name	Job Title	Signature
E-Mail Address (MANDATORY)	Phone Number FAX Number	Date Completed

PLEASE RETURN THIS COMPLETE ORIGINAL FORM OR YOUR LETTER TO:

College Human Resources Assistant
Los Medanos College
2700 E. Leland Road
Pittsburg, CA 94565

(925) 473-7345
Work hours: M - F, 8:30am - 5:00pm

PART-TIME COLLEGE LEVEL ACADEMIC WORK VERIFICATION

TO MY EMPLOYER (Name of Educational Institution):	EMPLOYEE NAME:
	SSN/ID #:
FULL EMPLOYER ADDRESS:	AUTHORIZING RELEASE SIGNATURE:

Please provide the College Human Resources Assistant with my part-time academic experience listed by your schedule type in the following format. If more space is needed, please copy this form prior to completion.

This verifies part-time academic service for _____:

(Faculty Member's Name)

This institution is on the following schedule: <input type="checkbox"/> Quarter <input type="checkbox"/> Trimester <input type="checkbox"/> Semester <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____	These courses were: <input type="checkbox"/> Full-term <input type="checkbox"/> Short-term: _____ weeks <input type="checkbox"/> Held in campus facilities <input type="checkbox"/> On-line courses	At this educational institution, a full-time load is considered: <input type="checkbox"/> Lecture _____ hours/week <input type="checkbox"/> Lab _____ hours/week <input type="checkbox"/> Non-Instructional Faculty - (Counselor/Librarian/LrnDisSpec) _____ hours/week	
Schedule & Year	Course Title, Number & Section Or Assignment	P/T Hours Worked Per Week vs. F/T Base	Percentage of Full-time Load (Hours / FTE)
<i>Example:</i> FA 00	Anthropology 005-1234	6 hrs/15 hrs	.400

By signing below, I verify that the above person was employed in the capacity listed for the time period indicated.

Name	Job Title	Signature
E-Mail Address (MANDATORY)	Phone Number FAX Number	Date Completed

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