

VERIFICATION OF PREVIOUS WORK EXPERIENCE FORM



SAN DIEGO COMMUNITY COLLEGE DISTRICT

Human Resources – Compensation Office
3375 Camino del Rio South, Suite 330
San Diego, CA 92108-3883
mailto:sdccdhrcomp@sdccd.edu
(619) 388-6576 phone - (619) 388-6897 fax

Form Instructions:

- This form may be submitted to the Compensation Department by:
- E-mail, Fax or sent U.S. Mail to the address above.
- This form must be completed by your previous employer.
- Self Employment must be verified by your tax preparer or a copy of your schedule C's.
- Military experience is verified by your DD214

Employee Name (Print)

SSN or Employee ID

Employee Signature

Date

I authorize release of the following information

The aforementioned employee has recently been employed with the San Diego Community College District as a
Original salary placement on our salary schedule is dependent upon the amount of prior directly related work experience. Please complete this form and return it to the address listed above.

Previous Job Title:

Brief Description of Duties:

Dates of Employment: From To
Month/Day/Year Month/Day/Year

Please select one workload option:

Contract/Regular Full-time 100% OR Contract/Regular Less than Full time, please provide %

If the employee was not a Contract/Regular Employee, please select one of the following:

Provide Total Hourly Instructor/Adjunct Hours: OR Provide total Non-Faculty Temporary Hours:

Please provide notes below regarding workload, if needed:

Name of Company/Institution

Signature

Address

Name of person completing form

City, State, Zip Code

Title

Telephone number

Date