



**Yosemite Community College District
Human Resources**

VERIFICATION OF EXPERIENCE – Instructional / Academic

Former Employer:		FROM: Human Resources Yosemite Community College District PO Box 4065 Modesto, CA 95352 Phone: (209) 575-6968 Fax: (209) 575-6969
HR Contact:		
Address:		
Fax#:	PH#:	

Please provide YCCCD with verification of teaching experience for the employee listed below. You may copy this form if additional space is needed. Contact YCCCD Human Resources at (209) 575-6968 if you have any questions.

The employee's signature below authorizes you to provide this information.

Employee Name (Printed)		Social Security Number	
Employee Signature		Date	

Please supply the following information:

A Full Time Employee Works:	This institution is on the following schedule:	
Hours Per Week:	Quarter:	# of weeks
Units Per Semester:	Trimester:	# of weeks
Classes Per Semester:	Semester:	# of weeks
Other:	Other:	

**Please supply the information for the PART TIME or FULL TIME teaching position this individual held with you.
Use additional pages if necessary.**

Duties / Classes	Percentage of Full Time	Time Worked	
<i>Example: Comp Sci 101</i>	<i>0.3</i>	From: 1 / 1 / 2016	To: 12 / 31 / 2016
		From:	To:
		From:	To:
		From:	To:
		From:	To:

Human Resources Only:

I certify that, to the best of my knowledge, the above information is true and correct:

Prepared By (Print): _____ Title: _____

Signature: _____ Contact Number: _____

Return this form by fax or mail to the above address