

**SAN DIEGO COMMUNITY COLLEGE DISTRICT**

Human Resources – Compensation Office

3375 Camino del Rio South, Suite 330

San Diego, CA 92108-3883

Attn: Compensation

(619) 388-6576

(619) 388-6897 fax



**VERIFICATION OF PREVIOUS WORK EXPERIENCE FORM**

*Form Instructions:*

- 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 with your DD214

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
SSN

\_\_\_\_\_  
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 the address listed above.

Previous Job Title: \_\_\_\_\_

Description of Duties:

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

**Please select one:**

Percentage: Full-time 100%  Half-time 50%  Other (please state percentage)  Total Adjunct Hours\* \_\_\_\_\_

*\*If the employee was an adjunct please provide the total hours worked at the institution. Otherwise leave blank.*

\_\_\_\_\_  
Name of Company/Institution

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of person completing form

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date