

Los Rios Community College District (LRCCD) – Human Resources Department

VERIFICATION OF ACADEMIC (CERTIFICATED) EXPERIENCE (FOR SALARY PLACEMENT)

_____ has been hired by LRCCD for a full-time faculty position
(Name of employee)

This is to verify that they were employed by _____
as indicated below: (Name of employer)

Is FTE annualized (1.0 FTE = 1 academic year)? ☐ Yes / ☐ No

Please do not provide experience as an intern, assistant, student positions (i.e. teacher, nurse, researcher, librarian, or counselor), and/or the equivalent, as they are excluded from salary placement credit.

Teaching Assistant (T.A.) Experience Requirement: Please only include teaching assistant experience that meets **each** of the three (3) criteria listed below.

- Employee is/was: (1) teacher of record, (2) responsible for all curriculum, and (3) responsible for grading

Full-Time Employment History

(To be completed by employer listed above)

Position/Job Title	If T.A., meets requirement?	Start Date	End Date	Full Time?	# of months per year
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	
	<input type="checkbox"/>			<input type="checkbox"/>	

Part-Time Employment History

(To be completed by employer listed above)

Please indicate the part-time percentage worked (40%, 50%, etc.). A percentage is **required** in order for the experience to be eligible for salary placement. If part-time percentage varied each semester/term, please provide an attachment with part-time percentages by semester/term OR complete the reverse page.

Position/Job Title	If T.A., meets requirement?	Start Date	End Date	Semester/Term (Fall, Winter, Spring)	Part-Time % (FTE)	# of months
	<input type="checkbox"/>				%	
	<input type="checkbox"/>				%	

EMPLOYER CONTACT INFORMATION:

This form must be completed by a current employee in an official capacity (manager, supervisor, HR employee, etc.)

Name: _____ Telephone: _____

Title: _____ Email: _____

Employer Address: _____

Signature: _____ Date: _____

(Wet signature or official electronic signature required.)

Please return to: Los Rios Community College District, Attn: Human Resources
1919 Spanos Court, Sacramento, CA 95825-3981
OR e-mail to: HR-FTFaculty@losrios.edu

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(To be completed by employer listed on reverse page)

[illegible]

Date: _____

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