Los Rios Community College District (LRCCD) – Human Resources Department VERIFICATION OF OCCUPATIONAL EXPERIENCE (FOR SALARY PLACEMENT)

		y LRCCD for a	as a full-time fact	ulty in the area	of		
(Na:	me of employee)						
This form is to verify that they were employed by			(A) (C)	(Name of employer)		as indicated below:	
			(Name of emp	oloyer)			
To be c	completed ONLY by employer listed above of form may be				experience. Ad	dditional (copies
		FULL 7	<u> TIME</u>				
	Position/Job Title		Start Date	End Date	# of mo		
_							
		<u>PART 1</u>	<u> </u>				
	Position/Job Title	Start Date	End Date	# of months worked per year	Average weekly hours worked	Week hour conside full-ti	rs ered
					L		
the dution varied g	cional experience must be relevant to the series/responsibilities in the section below Objective areatly, please attach a job description for the series area of the series attach a job description for the series attach as a series at	R attach a job	description. If	more than one	position was	held, and	
EMPLO	OYER CONTACT INFORMATION:						
This for	m must be completed by a current employ	ee in an official	l capacity (manag	ger, supervisor,	HR employee	, etc.)	
Name: _			Telephone:				_
Title:			Email:				_
Employe	er Address:						-
	re:		Date:				_
(Wet sig	gnature or official electronic signature req	uired.)					

Return to: LRCCD, Attn: Human Resources, 1919 Spanos Court, Sacramento, CA, 95825-3981; OR,

e-mail to: <u>HR-FTFaculty@losrios.edu</u>