South Kitsap School District

FORM 187C

Human Resources

2689 Hoover Ave SE
Port Orchard WA 98366
(360) 874-7000 / (360) 874-7076 FAX

VERIFICATION OF COACHING EXPERIENCE

ATTN: HUMAN RESOURCES/PERSONNEL

School District/Company

Street Address

City, State, ZIP Code

Please return completed form to:

SOUTH KITSAP SCHOOL DISTRICT
ATTN: HR Specialist - Coaching
2689 Hoover Ave SE
Port Orchard WA 98366

FAX: (360) 874-7076

The individual whose name appears below has recently been hired as a **COACH** with South Kitsap School District. New coaches must have previous coaching employment verified. Please complete the information requested below. Your assistance in establishing a correct coaching record for this employee is appreciated.

NAME

NAME (If different during employment)

SOCIAL SECURITY NUMBER

Approximate Dates of Employment
For Which Verification is Requested

I authorize you to release all information requested for "Verification of Coaching" experience for South Kitsap School District.

Employee Signature

Date

TO BE COMPLETED BY INDIVIDUAL VERIFYING EXPERIENCE

SERVICE RECORD

ASSIGNMENT	Head or Assistant Coach Position	Paid Coaching Assignment	DATES OF SERVICE FROM (Mo/Day/Year) TO (Mo/Day/Year)	Level of Position (Elementary, Jr High, Sr High)	COMMENTS
EXAMPLE: Track Coach	Head or Asst	Yes or No	4/01/06-08/31/06	Sr High	
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			
	Head or Asst	Yes or No			

I certify that all information listed above is complete and correct according to the official records on file in the institution providing this verification of experience.

Signature

Date

Printed Name

School District

Title

Phone Number