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|  | **WA Charters | pERSONNEL FILE CHECKLIST & tEMPLATES** |

**Personnel Records**

* W4
* Fingerprint/background check
* Background check consent
* Direct Deposit
* Medical
* HSA
* Life
* Retirement
* Emergency Contact

**Employee Service Record**

* Transcript (from every college or university that awarded credit)
* Certification
* Years of service – employment verification forms & evidence of LEA acceptance
* Offer Letter
* Job Description
* Resume
* Signed contract
* Documentation of clock hours acceptance
* Copy of clock hour forms
* Signed acknowledgement of employee handbook

**Employee Performance Record**

* Performance evaluation forms
* Self-evaluation
* Letters of promotion, promotions and commendations
* Relevant disciplinary warnings and performance improvement plan
* Complaints from Coworkers
* Exit Interview or Termination Information

**Training Records**

* Required training certification
* New-hire safety training checklist
* Safety training checklist

\*I-9 Forms should be stored separate from personnel files.

**File Review – Credits**

**Employee:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Degree** | **Institution** | **Date** |
|  |  |  |
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**Credits after BA degree**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Institution** | **Credits** |  | **Clock Hour Provider** | **Credits** |
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**Credits after BA degree and up to a MA degree – Summary**

|  |  |
| --- | --- |
| Total Academic Credits Since BA: |  |
| Total In-Service Credits Since BA: |  |
| TOTAL CREDITS SINCE BA: |  |
|  | |
| If MA Degree, Subtract 45 |  |
| Excess Credits to MA |  |

**Credits after MA degree**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Institution** | **Credits** |  | **Clock Hour Provider** | **Credits** |
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**Credits after MA degree – Summary**

|  |  |
| --- | --- |
| Total Academic Credits Since MA: |  |
| Total In-Service Credits Since MA: |  |
| TOTAL CREDITS SINCE MA: |  |
| Add excess if applicable. TOTAL CREDITS AFTER HIGHEST DEGREE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Highest degree** | **Credits after highest degree** | **Placement** |
| **Started** |  |  |  |
| **Changes +/-** |  |  |  |
| **Ended** |  |  |  |

**Reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Review Guidelines**

**Academic Transcripts**

* Confirm employee name on transcript
* Verify the transcript document is official
* Verify the institution is accredited
* Check for degree confirmation. Highlight the degree type and date
* Highlight each course after initial BA degree. If more than one BA, count from first BA. Place a check mark on the course number and a check mark next to the grade; checking to ensure the courses are over the 100 level and the grade shows a completed grade.
* When checking the course number, check to ensure the course meets the academic course requirements (e.g. is transferrable to a BA or higher degree)
* If the course number is below 100 it can only be reported if it was completed between 9/1/87 and 3/7/95 and then must be reported as n in-service credit, not an academic credit.
* Check to ensure the course has not be repeated unless allowed by the institution
* Determine the type of credit: QTR, SEM, Unit, NTC (non-transfer to academic degree). Can only record NTC if administered prior to 9/1/87. All NTCs after 9/1/87 are recorded as in-service credits not academic credits.
* Foreign Country – make sure there is a translation service document
* Show your work on the transcript, including conversions to quarter hours (x1.5)

**Master’s Degree**

* Check for degree confirmation date and highlight date and credits for the quarter or semester.
* Show conversions
* Calculate excess credits (BA + total – 45 = Excess; negative results = 0)

**Clock Hours**

* Highlight provider name. Check to ensure for the specific school year the provider is on the approved OSPI list. Note: just because it is an OSPI form, doesn’t mean that OSPI is the provider. Check the “sponsoring provider” name.
* Highlight the course title, number of hours actually earned, course end date and highlight or check that the provider has signed and the employee has confirmed the earned hours. Show conversions work on the clock hour form (e.g. = 0.6Qtr Date/Initial)
* It’s okay to repeat clock hours, there are no restrictions.
* To convert clock hours to quarter hours, divide by 10.

**Course Approvals**

* Verify course approvals exist for all courses 9/1/95 and after.
* Use of WAC stamp or other district approval for missing approvals.

**Verification of Employment – Cover Sheet**

|  |  |
| --- | --- |
| Prior Employer |  |
| Street Address |  |
| City, State, Zip |  |

Return to:

|  |  |
| --- | --- |
| School Name |  |
| Street Address |  |
| City, State, Zip |  |
| Fax or Email |  |

The individual whose name appears below indicates they have previously been employed with your organization. Please complete the verification of employment. Your assistance in establishing a current service record for this employee is appreciated.

|  |  |
| --- | --- |
| **Name (First Middle Last)** |  |
| **Previous Name (if applicable)** |  |
| **Social Security Number** |  |
| **Approximate dates of employment for which verification is requested:** |  |
| **Approximate dates of leaves of absence periods:** |  |
| **Position(s):** | |
|  |  |
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I authorize you to release all information requested in the Verification of Employment to the school listed above.  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  
Employee Signature Date

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Verification of Employment Form – Public School** | | | | | | | | |
| **Instructions by Column:** | | | | | | | | |
| **1:** List position(s) chronologically by year. Use one line for each calendar year or change in status. **2:** Circle Yes or No indicating whether an occupational license was required for the position. **3:** List start/end services dates. Dates must be annual between September 1st and August 31st. **4/5:** List the number of days and the number of hours that constituted a full year (100%) for an employee in this position that year. **6/7/8:** List the exact number of days (rounded to ¼ day) and hours this employee was actually paid for series in the listed position. | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |  |
| POSITION Grade/Level Subject | Certificate Required  Yes/No | Dates of Services between 9/1 & 8/31 MM/DD/YY | No. of Paid Days in Full-time Year in Your District | No. of Paid Hrs in a Full-time Day in Your District | No. of PAID Days | No. of Contract Hrs Per Day | Total Hours Paid  (Col 6 x Col 7) | For Internal Use Only District Verification of FTE |
| *EX: Teacher, MS, Science* | *Yes or No* | *9/13/06 – 6/12/07* | *180* | *7* | *173* | *7.0* | *(173x7)=1211.00* |  |
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| **For Washington State – Sick Leave Balance Available for Transfer** | | | | |  |

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 employment.

|  |  |
| --- | --- |
| **Employee Verifying Name:** | **Title:** |
| **Street Address:** | **Phone:** |
| **City/State/Zip:** | **Email:** |

**Comments or Notations:**

**Please forward this completed verification to the address designated on the reverse side.**

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| **Verification of Employment Form – Private School** | | | | | | | | |
| **Instructions by Column:** | | | | | | | | |
| **1:** List position(s) chronologically by year. Use one line for each calendar year or change in status. **2:** Circle Yes or No indicating whether an occupational license was required for the position. **3:** List start/end services dates. Dates must be annual between September 1st and August 31st. **4/5:** List the number of days and the number of hours that constituted a full year (100%) for an employee in this position that year. **6/7/8:** List the exact number of days (rounded to ¼ day) and hours this employee was actually paid for series in the listed position. | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |  |
| POSITION Grade/Level Subject | Certificate Required  Yes/No\* | Dates of Service between 9/1 and 8/31 MM/DD/YY | No. of Paid Days in Full-time Yr at Your School | No. of Paid Hrs in a Full-time Day at Your School | No. of PAID days | Number of Contract Hours Per Day | Total Hours Paid  (Col 6 x Col 7) | For Internal Use Only District Verification of FTE |
| *EX: Teacher, MS, Science* | *Yes or No* | *9/13/06 – 6/12/07* | *180* | *7* | *173* | *7.0* | *(173x7)=1211.00* |  |
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**\*To answer yes, the position the person was employed in must have required a state teaching certificate and the person must have held a valid certification during those periods of employment.**  
Is your school/organization a state approved or otherwise approved private school? \_\_\_\_ Yes \_\_\_\_ No   
If yes, please describe that approval:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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 employment.

|  |  |
| --- | --- |
| **Employee Verifying Name:** | **Title:** |
| **Street Address:** | **Phone:** |
| **City/State/Zip:** | **Email:** |

**Please forward this completed verification to the address designated on the reverse side.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Verification of Employment Form – College/University** | | | | | | | | | | | | | |
| **Instructions by Column:** | | | | | | | | | | | | | |
| **1:** List position(s) chronologically by year. Use one line for each calendar year or change in status. **2:** Position name **3:** Administrator or “Teacher of Record” position – Yes or No. Only Positions comparable to a position in a school district can be credited by our district. If the person as an asst. professor was not responsible for lesson plans or student grading, the answer would be “No.”  **4-5:** List the beginning and end date of service for that year. **6-8:** List the paid hours per day and days per year for what would constitute FULL TIME in your organization for that academic year. For 8, multiply 6x7=8.  **9-12:** List the ACTUAL PAID hours/day, days/year. For 11, multiply 9x10. For 12, divide 11 (Paid Hours) by 7 (Paid Hours if Full Time) for full time equivalency. | | | | | | | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |  | **9** | **10** | **11** | **12** | Exp Granted |
| Year | Position Name | Admin or Teacher of Record | Service start date  MM/DD/YY | Service end date MM/DD/YY | No. Paid Hrs Per Day | No. Paid Days Per Year | Total Hrs. (6 x 7) |  | Hrs. Per Day | Days Per Year | Ttl Hrs. Pd.  (8 x 9) | Paid FTE (7/10) |
| *Ex*  *2008-09* | *Professor* | *Yes or No* | *09/27/08* | *06/30/09* | *7.5* | *181* | *1357.5* |  | *7.5* | *162* | *1215* | *.885* |  |
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\* We are required to calculate experience based on a numerator of “what the employee actually worked” and a denominator of “what constituted full time” so we can determine if the person was employed with you full time or 100%; or a partial of full time status.   
  
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 employment.

|  |  |
| --- | --- |
| **Employee Verifying Name:** | **Title:** |
| **Signature:** | |
| **Street Address:** | **Phone:** |
| **City/State/Zip:** | **Email:** |

**Comments or Notations:**

**Please forward this completed verification to the address designated on the reverse side.**

**SAMPLE COVER LETTER FOR ESA VERIFICATION:**

To Whom it May Concern:

The Washington State Legislature has passed legislation allowing staff who serve in certificated support positions (known in Washington as “Educational Staff Associates”) to be awarded previous non-school district certificated experience towards salary placement.

However, the legislation is very specific about the information required to document this experience. We must verify the actual hours paid to the employee, and the hours that an employee would be paid if they had worked full time. This verification must be completed for each year individually.

Attached is a form requesting verification of employment for the person listed below, who has indicated prior employment with your organization.

|  |  |
| --- | --- |
| Name of Prior Employee |  |
| Position(s) & Estimated Dates of Employment |  |
| Social Security Number |  |

We appreciate your time and effort completing this verification as it is important to the salary placement of this new hire. Please return the completed form to:

Name  
Street Address  
City/State/Zip  
Fax Number

If you have any questions, please contact us at XXX-XXX-XXXX.

Sincerely,

**Reviewing Experience Records**

1. Review the application for employment to determine the individual’s employment record.
2. Make a list of previous employers and review with employee.
3. Work with employee to have the Verification of Employment Form sent to each prior employer where experience credit may be granted. Never grant credit without verifying.
4. You can ask if the district/school is willing to send the employee’s official transcript to you. Also, request the clock hour forms they have processed for the employee prior to 9/1/15.
5. Once verification has been received, calculate the experience record.

**Numerator** = actual hours worked

**Denominator** = what constituted a full FTE in that district that year

**Example:** 7.5 hrs x 182 days = 1365 hrs = 1.00 FTE  
 7.5 hrs x 182 days = 1365 hrs

7.5 hrs x 92 days = 690 hrs = 0.51 FTE  
 7.5 hrs x 182 days = 1365 hrs

1. In the case of substitute experience, the denominator is always 180. Substitute experience can only be counted for states that require subs to be certificated.
2. Mark up the verification forms you receive to show your work.
3. Sign and date