

## Verification of Academic Work Experience

CITY COLLEGE OF SAN FRANCISCO

TO MY EMPLOYER					
			p)		No.
(Company's Name or	Educational Institution):	2 1 1 2	i i	11 De 12	
ADDRESS		CITY	STATE	ZIP	
ACCREDITNG AGENC	Υ			26.7	
EMPLOYEE NAME	(PRINT FULL NAME)				
	<u> </u>				
LAST NAME		FIRST NAME	E MIDDLE INTIAL		
Employee Signature	SSN(Last 4 Digits)/ID				
salary placement, v	king in or applying for a faculty position with Ci verification of my previous or present experien- pelow is requested, or you may use this form.				
FOR ACADEMIC W	ORK EXPERIENCE				<del></del>
faculty assignment(	Math Instructor/teacher; 100% FT; Fall Semest (s) is or was less than full time, list quarter/sem counseling experience. Also list long–term subs needed.	ester percentage	of FT workload b	ased on accum	ulated part-time
☐ Semester ☐ Quarter	Position Title(s)			Sem/Qtr % FTE	Annualized % FTE
Example: SP 02	Biology Instructor			.6	.3
					i
VERIFIED BY					
					-
(PRINT) NAME		SIGNATURE		···	
TITLE	<del></del>	EMAIL			
PHONE		DATE COMPLETED			
PLEASE RETURN TO:	City College of San Francisco, Human Resources 33 Gough St, San Francisco, CA 94103 Attention: Stephanie Duncan, Principal Personne	·	(415) 241-23 (415) 241-23		