



ADJUNCT REQUEST FOR VERIFICATION OF ACADEMIC WORK EXPERIENCE

To My Employer: I am currently working for or applying for a faculty position with San Mateo County Community College District. For the purpose of salary placement, verification of my previous or present experience is required. Please provide information about employment at your institution on the form or on official letterhead.

Institution Name:	Employee Name:
Address:	<i>I hereby authorize the release of any information regarding my employment.</i>
	Employee Signature:

VERIFICATION OF ACADEMIC WORK EXPERIENCE TO BE COMPLETED BY AUTHORIZED PERSONNEL							
This institution is on the following schedule:				semester	quarter		
Job Title	Full Time or Part Time	From	To	Credit Units	Semester/Quarter FTE	Annualized FTE	Total Paid Hours

Attach a report or additional sheets as needed.

Official Verification
By signing below, I certify that I am authorized to verify that the above person is/was employed in the capacity stated and for the time period indicated.

Name:	Job Title:	
Email:	Phone Number:	
Signature:	Date:	
Please return this form directly to:		
<p align="center">SKYLINE COLLEGE Hoi Yin (Amy)Yiu Payroll Tech, Operations Dept Building 4 - Room 326 3300 College Drive, San Bruno, CA 94066 Email: yih@smccd.edu Phone: (650) 738-4442 Fax: (650) 738-4338</p>	<p align="center">COLLEGE OF SAN MATEO Kathy McEachron Payroll Tech, Business Svcs Building 10 - Room 477 1400 West Hillsdale Blvd San Mateo, CA 94402 Email: mceachronk@smccd.edu Phone: (650) 574-6216 Fax: (650) 574-6162</p>	<p align="center">CAÑADA COLLEGE Christine Huynh Payroll Tech, Operations Offc Building 5 - Room 224 4200 Farm Hill Blvd. Redwood City, CA 94061 Email: huynhc@smccd.edu Phone: (650) 306-3207 Fax: (650) 306-3484</p>