

DATE: _____

TO:				
10.		(Previo	ous or Present Employer)	
FROM:				
		(Ad	cademic Employee)	
salary placement	, the Huma	n Resources Department r	must have verification from yo	In order for them to complete my ou regarding my previous part-time ble. Thank you for your assistance.
				ADOVE
	- 10	O BE COMPLETED BY E	MPLOYER AS INDICATED	ABUVE -
This verifies that	the employ	vee as indicated above ha	is the following part-time tea	ching experience at:
]	Institution Name		City and State
				llated part-time teaching/librarian/ do not include hours or units.
SEMEST	FR/	% FTF	SEMESTER/	% FTF

SEMESTER/ QUARTER	% FTE	SEMESTER/ QUARTER	% FTE	
Prepared by Signature				

 Title _____
 Phone: _____

<u>Please return to</u>:

Date:

SRJC Human Resources Department, Attention: Gina Waggoner, 1501 Mendocino Avenue, Santa Rosa, CA 95401, (707) 527-4786, Fax: (707) 527-4967, Email: gwaggoner@santarosa.edu