

International School of Denver



Statement of Employment Verification

Employer Name and Contact Information

Employee Name

Start Date	End Date

Non-Teaching Positions:

Position (use below for teachers, etc.)	Start Date	End Date	Years of Service in Position

Teaching Positions (please list year over year - use for teacher, teaching assistant)

Position	School Year	Grade/Subject Taught	FTE	Start Date	End Date	Number of Days in School Year

Certifying Official Signature _____ **Date** _____

Please return this form to seth.winnerman@isdenver.org or fax to HR at 303-360-9426