



**INTERDISTRICT ATTENDANCE PERMIT
VERIFICATION OF EMPLOYMENT**

To: _____ Today's Date: _____
Name of School District

To Whom It May Concern: _____, has requested an Interdistrict Attendance
Name of Applicant/Employee – Please Print

Permit for his/her student(s), _____ for the 20__ - __
Student(s) Name – Please Print

School year.

In order to complete the application, employment verification is required.

I authorize the release of information regarding the verification of my employment.

Signature of Applicant/Employee Date

**FOR SCHOOL DISTRICT USE ONLY (Employer)
Personnel Department**

I hereby certify that _____ is employed by the
Name of Employee – Please Print

_____, _____
Name of School District Address / City / Zip

Part Time Full Time Regular Employee Substitute Employee

No. of Hours per Day: _____ No. of Days per Week: _____

Position Held	Start Date	Length of Service

Authorized Signature Telephone Number / Extension

Title Date

Board of Trustees: Steve Campos -Edward Garcia, Jr. - David G Nelissen - Anthony T. Stafford Sr. - Elizabeth Vallejo