



Unified School District

Elk Grove Unified School District
Verification of Employment
 20_ to 20_

Please Print
 (Complete one form for each child)

Name		Address	Phone Number(s)
Student			
Parent/ Guardian			

School Name	Student Grade

Place of Employment	Address	Phone Number(s)

TO BE COMPLETED BY YOUR EMPLOYER:

I verify that the person named above is employed at _____ during
 the _____ school year.
 (Insert school year)

 Employer's Name (Please Print) Employer's Signature Date

 Parent/Guardian Name (Please Print) Parent/Guardian Signature Date

Please note the following:

- **This agreement must be renewed each year.**
- This agreement is in effect for **one school year only** providing the attendance is regular and the parent's employment remains as listed above.
- Place of employment **must be within the Elk Grove Unified School District attendance boundaries.** (Education Code 48204)

TO BE COMPLETED BY ELK GROVE UNIFIED SCHOOL DISTRICT:

Employment verified by: _____ Title: _____ Date: _____
 June 2015