



COACHELLA VALLEY UNIFIED SCHOOL DISTRICT

Verification of Employment

(Please attach this verification with your online InterDistrict Transfer application)

2020-2021

INTERDISTRICT TRANSFER PERMIT

Verification of Employment

To: _____
Name of School District

Today's Date: _____

To Whom It May Concern:

_____, has requested an InterDistrict Transfer Permit for
Name of Employee (Please Print)

the **2020-2021** school year for:

Student Name

DOB

School/Grade

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

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

Signature of Employee

Print Name

Date: _____

FOR SCHOOL DISTRICT USE ONLY

Personnel Department

We hereby certify that _____ is employed by the
Name of Employee (Please Print)

Name of School District

Address/City/Zip

Part Time

Full Time

Substitute Employee

Hours: _____

| Position Held | Start Date | Length of Service |
|---------------|------------|-------------------|
| | | |

Authorized Signature

Date: _____

Telephone No.: _____