



**SOUTH SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT**

1450 Gillette Dr. San Antonio, Texas 78224
Telephone (210) 977-7000 · Fax (210) 939-6123

EXPERIENCE AFFIDAVIT

This document must be completed by all non-teaching employees.

FAILURE TO PROVIDE PRIOR SUPERVISORS' NAME/TITLE (Contact/Title) AND CURRENT TELEPHONE NUMBER (Contact Telephone) FOR VERIFICATION OF EXPERIENCE (See Below) MAY RESULT IN EMPLOYEE BEING DENIED APPROPRIATE WORK EXPERIENCE CREDIT TO BE CONSIDERED FOR COMPENSATION PURPOSES. Credit for prior work experience will **ONLY** be considered for information submitted within **30 calendar** days of signing the onboarding paperwork.

Employee Name _____ Employment Job Title _____ Campus/Department _____

Contact Numbers: Cell _____ Home _____ Work _____ E-Mail _____

ACKNOWLEDGEMENT: This is to certify that I have had experience relating to the position cited above.

APPLICANT'S SIGNATURE DATE

-OFFICE USE ONLY-

Experience Site/Address	Contact/Title	Contact Telephone	Date(s) of Services	Verified By	Date
1. _____ Description of Duties and Responsibilities _____	_____	_____	___/___/___ to ___/___/___	_____	_____
2. _____ Description of Duties and Responsibilities _____	_____	_____	___/___/___ to ___/___/___	_____	_____
3. _____ Description of Duties and Responsibilities _____	_____	_____	___/___/___ to ___/___/___	_____	_____

Should you require additional space please use reverse side

-OFFICE USE ONLY-

HIRING ADMINISTRATOR SIGNATURE DATE

START DATE

EXEC. DIRECTOR OF HUMAN RESOURCES DATE

YEARS OF EXPERIENCE CREDIT

\$
PAY RATE