



PERRIS UNION HIGH SCHOOL DISTRICT

1151 NORTH "A" STREET

PERRIS, CA 92570

PH: (951) 943-6369 FAX: (951) 943-6419

**INTERDISTRICT ATTENDANCE PERMIT
VERIFICATION OF EMPLOYMENT**

To: _____
Name of School District

Today's Date: _____

To Whom It May Concern:

_____, has requested an Interdistrict Attendance Permit for
Name of Applicant/Employee – Please Print

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

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
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