



WOODLAND ADULT EDUCATION

Growing
Success

Susan Moylan, Principal
Helen Nash Center, 575 Hays Street
Woodland, CA 95695
phone (530) 662-0798 fax (530) 662-8039
<http://www.wjUSD.org>

WORK EXPERIENCE VERIFICATION

Date _____

Student Name _____

(Last) (First) (MI)

Student Address _____

(Number) (Street) (City) (Zip)

Phone Number _____ Birthdate _____

The above student is enrolled in the High School Diploma Program at Woodland Adult Education. It is our policy to grant elective credit to students who have verified their employment experiences. Please complete the bottom half of this form, attach a business card or short letter on your company letterhead and return with the student or mail to:

Woodland Adult Education
575 Hays Street
Woodland, CA 95695
Phone (530) 662-0798 or 406-5901 Fax (530) 662-8039

Employer / Company Name _____

Employer Address _____

(Number) (Street) (City) (Zip)

Employment Dates: From _____ To _____ Number of Months _____

Approximate Hours per Week _____ Employer Remarks _____

Supervisor / Personnel Manager Signature _____ Date _____

For Office Use _____ month(s)= _____ electives credit(s) _____

SM Revised 3/10



California Adult Schools
LEARNING FOR LIFE