

**MENIFEE UNION SCHOOL DISTRICT**

29775 Haun Road  
MENIFEE, CA 92586  
(951) 672-1851

**INTERDISTRICT ATTENDANCE PERMIT / *PERMISO DE ASISTENCIA ENTRE DISTRITO*  
VERIFICATION OF EMPLOYMENT**

To: \_\_\_\_\_  
Name of School District

Today's date: \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_, has requested an Inter District Attendance Permit  
Name of Applicant/Employee – PLEASE PRINT  
for the \_\_\_\_\_ school year for \_\_\_\_\_. In order to complete the application,  
Student Name  
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 No.: \_\_\_\_\_

\_\_\_\_\_  
Title

Date: \_\_\_\_\_