

PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	

Authorization is granted to release all information requested below to the Whitfield County School System

_____ Signature _____ Date

Employee: Please fill out the above information ONLY and send this form to your previous employer to verify the information requested below.

USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN STATUS

SCHOOL DISTRICT OR INSTITUTION	DATE OF SERVICE		Type of School Accreditation During Dates of Service	Days in Full Contract Year	Contract Days Employed	STATUS		HOURS PER DAY	POSITION	Grades & Subjects Taught Major Portion of Time	Professional Certification Yes/No/Type
	FROM MM/DD/YY	TO MM/DD/YY				FULL TIME	PART TIME				

GEORGIA SCHOOL SYSTEMS ONLY

- The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850. _____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.
- The employee named above was advanced Zero One Two step(s) on the State Salary Schedule. ♦Salary Step final year of employment _____ ♦Years of Payroll Experience final year of employment _____
- State Health Insurance – The employee named above was enrolled for None Single EE+ Child EE+ SP Family coverage under the following option: _____
- If this verification includes any pre-school teaching experience, was the program state funded? Yes No Date of Last Deduction: _____
- Did this employee receive an unsatisfactory performance evaluation for any year since July 1, 2000? Yes No

I certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Signature of Superintendent or Authorized Official Title

Street Address City State Zip Code

Date

Area Code and Telephone Number

Please forward this completed verification to: Whitfield County Public Schools
Attn: Ginger Stafford, Human Resources
P.O. Box 2167
Dalton, Georgia 30722-21647 or fax to
(706) 217-6706

Official Seal of School District: