

**DOUGLAS COUNTY SCHOOL SYSTEM - HUMAN RESOURCES DEPARTMENT  
EMPLOYMENT VERIFICATION FOR CLASSIFIED PERSONNEL**

Revised: January, 2010

**To Be Completed by Employee:**

Name While Employed		Social Security Number	
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I authorize the release of any information to verify my employment with your school/company.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**To Be Completed by Former Employer:**

**(For Georgia school systems only)** As of date: \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ days of unused accumulated state sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee. The maximum number of days eligible to be transferred is 45 days.

Name of Company					
Street Address/City/State/Zip					
DATES OF SERVICE		STATUS		HOURS PER DAY	POSITION(S)
From (Mo/Day/Yr)	To (Mo/Day/Yr)	Full-time	Part-time		

**PLEASE FURNISH A JOB DESCRIPTION - OR - ATTACH A DETAILED DESCRIPTION OF EACH POSITION HELD.**

**Verified by:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

You may return this form by fax and mail the original to the following:

**Douglas County School System Human Resources Department  
P. O. Box 1077  
Douglasville, GA 30133  
FAX: 770-920-4016**

For Douglas County School System Use:

NAME		SSN	
DATE OF HIRE		POSITION	LOCATION

Revised 1/14/10 **\*Previous Employment Verification must be received within 60 days of employment with Douglas County Schools.**