



PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

SUBMIT TO: DOUGLAS COUNTY SCHOOLS, P.O. BOX 1077 DOUGLASVILLE GA 30133, ATTN: HUMAN RESOURCES, OR FAX TO 770-920-4016 AND MAIL ORIGINAL

Employee's Name (Please Print)		Street Address	
Social Security Number		City, State, Zip Code	
Dates of Employment		Phone Number	
<p>AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO THE DOUGLAS COUNTY SCHOOL SYSTEM. BY MY SIGNATURE I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO OBTAIN CORRECT EMPLOYMENT VERIFICATION (S) FROM MY PREVIOUS EMPLOYER (S).</p>			
Signature _____		Date _____	

Employee: Please complete the above information *ONLY* and send this form to your previous employer (**one form for each district/employer**) to verify the information requested below. **In order for experience credit to be granted for the current school year, verification must be received no later than 60 days from your hire date.**

Employer: Use one line for each academic year or change in status. Please complete *EACH* section for experience to be considered. **The verification form must be notarized or stamped with a school seal.**

This District/Institution is private____public____ and was fully accredited during dates of service by the _____ Department of Education and/or _____ State Name of Regional Accrediting Agency

School District or Institution	State	Dates of Service		Number of Contract Days Employed	Status		Hours per day	Position	Grade/ Subject	Professional Certification held at time of service (Yes/No)
		From M/D/Y	To M/D/Y		Full time	Part time				

GEORGIA SCHOOL SYSTEMS ONLY

- Did the employee receive an unsatisfactory, ineffective, or needs development on annual summative performance evaluation for any year since July 1, 2000? ____Yes ____No
If yes, please indicate which school year*(s) and what rating(s):

- Please use the back of the form if more space is required.
- Did this employee gain tenure status? ____Yes ____No
- As of date: _____, 20____ employee accumulated _____ sick leave days that are eligible for transfer. The maximum number of days eligible to be transferred is 45 days.
- State Salary Advancement: Salary Step final year of employment _____ Years of Payroll Experience final year of employment _____
- If this verification includes any pre-school teaching experience, was the program state funded? ____Yes ____No
- Date of last paycheck _____

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
Phone Number	Date

Official Seal of School District:

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public