

TO: _____

School System or Institution

Street Address

City, State, Zip Code

SUBJECT: VERIFICATION OF PROFESSIONAL EMPLOYMENT

DATE: _____

The individual whose name appears below has been employed by the Charlton County Board of Education. In order to establish correct Georgia Certification and salary placement, it is necessary to verify previous professional employment. On the reverse side of this form it is requested that verification be provided for the professional employment in your school system or institution and in addition, the employment in any other school system or institution prior to service in your organization. Your assistance in establishing a correct service record for this employee will be appreciated.

* * * * *

To Be Completed by Employee

First Name Middle Name Maiden Name Last Name

Name when employed by you, if different from above. Social Security Number

Date of Employment School or Department

Position Supervisor

I, hereby authorize you to release all information requested for verification of Employment to the Charlton County Board of Education.

Signature Date

PLEASE COMPLETE THE APPROPRIATE SECTION ON THE REVERSE SIDE AND RETURN TO:

**CHARLTON COUNTY BOARD OF EDUCATION
1259 THIRD STREET
FOLKSTON, GA 31537**

STATE OF GEORGIA
Verification of Professional Employment

TRS # _____

Employee's Name: _____	Social Security Number: _____
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TO BE COMPLETED BY PREVIOUS GEORGIA EMPLOYER (Georgia Public School System Only).

PLEASE COMPLETE ALL SECTIONS (A through I).

A. Name of Verifying Georgia School System:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:center;">DATES OF SERVICE</th> <th rowspan="2" style="text-align:center;">TOTAL DAYS EACH YEAR</th> <th rowspan="2" style="text-align:center;">HOURS PER DAY</th> <th rowspan="2" style="text-align:center;">POSITION</th> </tr> <tr> <td style="text-align:center;">From mm/dd/yy</td> <td style="text-align:center;">To mm/dd/yy</td> </tr> </table>	DATES OF SERVICE		TOTAL DAYS EACH YEAR	HOURS PER DAY	POSITION	From mm/dd/yy	To mm/dd/yy			
DATES OF SERVICE		TOTAL DAYS EACH YEAR	HOURS PER DAY				POSITION				
From mm/dd/yy	To mm/dd/yy										
B. INCLUDE ONLY EXPERIENCE WITH ABOVE GEORGIA SYSTEM ONLY. USE MORE THAN ONE LINE IF THERE WAS BREAK IN SERVICE.											
C. This teacher was granted _____ Years prior experience from other schools and/or systems in accordance with Georgia Department of Education regulations upon employment with the above named verifying school system.											
D. TOTAL EXPERIENCE VERIFIED ABOVE (B & C) _____ YEARS _____ MONTHS _____ DAYS											
E. TEACHING CERTIFICATE TYPE _____ (ATTACH COPY IF AVAILABLE)											
F. ACCUMULATED SICK LEAVE ELIGIBLE FOR TRANSFER _____ DAYS.											
G. STATE MERIT INSURANCE - EMPLOYEE WAS COVERED () SINGLE () FAMILY () NO COVERAGE () PPO () UNITED HEALTHCARE HMO () OTHER _____											
H. DID EMPLOYEE HAVE TENURE IN THE SYSTEM? () YES () NO											
I. WAS EMPLOYEE "ADVANCED" ON GEORGIA PAY SCALE? () YES () NO LAST SALARY PLACEMENT: STEP _____ / _____ YEARS EXPERIENCE											

OUT OF STATE AND PRIVATE INSTITUTIONS ONLY

INSTITUTION / SYSTEM	STATE	TIME ACTUALLY SERVED: BEGIN DATE - END DATE	TOTAL DAYS EACH YEAR	POSITION

TOTAL NUMBER OF YEARS EMPLOYED IN THIS INSTITUTION / SYSTEM: _____
 THE ABOVE NAMED IS A () PUBLIC () PRIVATE SCHOOL AND IS FULLY ACCREDITED BY _____
 STATE DEPARTMENT OF EDUCATION AND/OR _____ ACCREDITING AGENCY.

I certify that the information and the verification of professional experience listed above is complete and accurate according to the official records on file in this school.

NAME OF SYSTEM / INSTITUTION: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE: _____

 Superintendent or Authorized Official