

SCHOOL EXPERIENCE VERIFICATION FORM

Part 1: To be completed by applicant. Submit a copy of the valid certificate held when the experience was earned.

Employee's Name _____ Social Security Number _____ Birthdate _____

Address: _____ Zip Code _____

Part 2: To be completed by the current or previous employer. Please note that only full-time college experience for which academic rank was held can be accepted, if verifying college employment experience.

Use one line for each academic year or change in status. Do not include leave of absence periods.

School District or Institution	State	Dates of Service FROM Mo/Day/Year	Dates of Service TO Mo/Day/Year	School Accreditation status during dates of service. Indicate Accrediting Agency	Days in Full Contract Year	Contract Days Employed	Status Hours Full Time	Status Hours Part Time	Status Hours Per day	Position	Grades and subjects taught the Major Portion of Day

Georgia School Systems ONLY

***Unused Sick Leave** - This is to certify that the following is an accurate record of unused sick leave accrued after July 1, 2001 and credited to the former employee named above in accordance with S.B. 553 (1978). **As of date:** _____, 20____, _____ days of unused sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.

****Salary Certificate Advancement** – The former employee above was paid based on _____ years of experience during the last year of employment.

Was the employee advanced the first year of employment? ___ yes ___ no. Send a copy of teaching certificate.

State Health Insurance – The former employee named above was enrolled for ___ **none**; ___ **EE**; ___ **EE + Child** ___ **EE + Family** coverage under the following option: ___ **Gold**; ___ **Silver**; ___ **Bronze**; ___ BCBS HMO; ___ UHC HMO; ___ UHC HDHP

*****Last check with your system:** _____

I certify that this verification of professional experience omits leave of absence periods. I further certify that all information listed is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Signature of Authorized Official

Street Address

City, State, Zip

Title

Date

Phone Number

RETURN TO:

**Thomas County Schools, 200 N. Pinetree Blvd., Thomasville, GA 31792
Fax: 229-225-5233 Please fax to Miranda McInnis and mail original.**