Richmond County Board of Education - Human Resources Department 864 Broad Street, Augusta Georgia 30901 - 706-826-1130 **Verification of Experience for Classified Personnel**

Credit given for experience must pertain to the same or related position held in Richmond County and be returned within the first year of employment.

Employee's Name:				Maiden Name (If applicable):			
Address:	City:			State:	Zip:	Social:	
Signature:	Date:			School/Department:			
Section 11. Employer Informa	ation (To be completed by curr	rent or previo	ous employe	er - Designated l	Personnel Officer)		
Personnel Officer's Name:				7	Title:		
School/Business Name:					Phone#		
School/Business Address:			City:		State:	Zip:	
Section 111. Employee Inform	ation (To be completed by em	ployer)					
Employment Dates From (mm/dd/yyyy) To (mm/dd/yyyy)		Full Time	Part Time		Position		
Section IV. I certify that all information of experience.	ormation listed is complete and	d correct acco	ording to th	e official record	s on file in the school sys	stem or institution providing	
Signature of Authorized Official:				Date:			