

RICHMOND COUNTY PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

PLEASE COMPLETE AND RETURN BY EMAIL OR FAX TO: Michael W. Williams, Compensation Specialist, WilliMi3@BOE.Richmond.k12.ga.us

Fax # 706-826-4622, Phone # 706-826-1000, Ext. 5152

Part I. To be completed by Applicant.

Employee's Name _____ Social Security Number _____ Date of Birth _____
 Date of Employment _____ Name of School(s) and/or Department(s) _____
 Signature _____ Date _____ (Authorization is granted to release all information requested below to the Richmond County School System)

Part II. To be completed by a current or previous employer. (Please use one line for each academic year or change in employee status).

- 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 Days in Full Contract Year	Number of Contract Days Employed	Employment Status			Position/Grades/Subjects Taught Major Portion of Time	Professional Certification held at time of service Yes/No/Type	Type of School Accreditation During Dates of Service	Eligible for immediate Re-employment (Yes/No)
		From MM/DD/YY	To MM/DD/YY			Full Time	Part Time	Hours Per Day				

For Georgia School Districts Only

- The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and certified to the employee names above in accordance with O.C.G. 20-2-850. _____ days of unused accumulated sick leave herewith transferred for inclusion in the permanent record of the above-named employee.
- The employee named above was advanced Zero One Two Step(s) on the State Salary Schedule. Placement of Georgia Salary Schedule for last year in your system: STEP: _____ YEARS OF EXPERIENCE: _____
- Did this employee gain tenure status? Yes No
- Did this employee ever receive an **Unsatisfactory, Ineffective or Needs Development** rating on an Annual Performance Evaluation? Yes No (If Yes, please indicate which school year(s) and what rating(s)? _____

Part III. I certify that all information listed above is complete and correct according to the official records on file in the school district or institution providing this verification of employment.

Signature of Authorized Official/Title/Date

Street Address/City/State/Zip/Area Code/Phone Number