

RICHMOND COUNTY: CLASSIFIED VERIFICATION OF WORK EXPERIENCE

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

Section 1: TO BE COMPLETED BY EMPLOYEE

Employee's Name: _____ Social Security Number: _____ Date of Birth: _____

Employee's Phone Number: _____ Assigned School/Department: _____

Previous Employer: _____ Dates of Employment: _____

By signing below, I grant authorization to release all information requested below to the Richmond County School System. I also acknowledge that it is my responsibility to obtain correct employment verifications (s) from my previous employer(s) within one year of hire for related work experience credit to be granted for final salary placement.

Employee's Signature: _____ Date: _____

Section 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

School District/Company: _____

Position Held	Dates of Service (MM/DD/YY)		Full-time or Part-time	Hours Per Week	Job Duties (Please provide a Job Description if possible)
	From	To			

For Georgia School Districts Only

- The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850. ____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent record of the above named employee.

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.

 Print Name of Authorized Official/Title

 Street Address/City/State/Zip/Area Code

 Signature of Authorized Official

 Date

 Phone Number

 Email Address