School Experience Verification Form

-	·		Please submit a copy of the valid certificate held w			•					
			Social Security Number:			Bırth Date:					
			State:Zip Coo			x:					
Signature:			Date:								
Officer). If verifyir	ng colleg	ge employment luded. Use one	t, only full-time tine for each	ployer (Superintendent, per college experience for academic year or chang	which academ ge in status.	ic rank was	held ca	ın be ac	cceptea		
School District or Institution	State	Dates of Service		School Accreditation Status During the Dates	Days in One Full	Contract Days	Status Hours				Grades and Subjects Taug
		From Mo/Day/Year	To Mo/Day/Year	of Service. Indicate Accrediting Agency	Contract Year	Employed	Full Time	Part Time	Per Year	Position	Major Portion Time
For Georgia School 1. Accumulat 2. Did employ 3. Is employe	ol System ed Sick yee have ee eligib	ms Only: Leave Eligible e tenure in you le to attain ten	e for Transfer:_ r system? ure (Hired befo	DaysNoNo	Yes	No		Total `	Yrs of	Experienc	ce:
5. Part III. I certify the correct according	at verif to the o	ication of prof	essional experi	ience omits leave of abso	ence. I further	certify that	all info	rmatior	ı listed		ete and
Title				Date Personnal Department 864			Phone Number				

Return completed form to: Richmond County School System, Personnel Department, 864 Broad Street, Augusta, Georgia 30901 Duplicate form as needed.