TO BE COMPLETED BY EMPLOYEE

TO :								
	NAME OF COMPANY/BUSINESS							
ADDRESS								
	CITY/STATE/ZIP							
RE:	VERIFICATION OF EMPLOYMENT (Classified)							
	I have been employed with Barrow County Schools, in the position of							
the ar	ea hired. Page	salary placement, it is necess 2 provides information neede former employee.						
FIRS	T NAME	MIDDLE	LAST	(MAIDEN)				
Name	e when employe	ed by you if different from ab	ove Social	Security Number				
Posit	ion when emplo	oyed by your Company/Busin	less					
		ou to release all information r y School System.	equested for verif	fication of employment				
Signa	iture		ate					
	PI	LEASE COMPLETE PAGE 2	2 AND RETURN	TO:				

Assistant Superintendent For Human Resources Barrow County Schools 179 W. Athens Street Winder, GA 30680 Fax: 678-425-2896

VERIFICATION OF EXPERIENCE (EMPLOYER- PLEASE COMPLETE ALL BLANKS)

NAME OF EMPLOYEE

SOCIAL SERCURITY NUMBER

Position	Employment		Days	FT/PT	Hours
	From	То	Worked		Per Day
	Mo./Day/Yr.	Mo./Day/Yr.			

Description of Duties:

Reason for Leaving:

Did employee resign rather than being terminated?

Total number of years employed in this position: Years Months

Accumulated sick leave days eligible for transfer (from Georgia School System

Only): _____ Type of health insurance carried (with Georgia School System only)

What percentage of this job would apply to the position this employee has been hired to perform? _____

I certify that the information and the verification of experience listed above are complete and accurate according to the official records on file in this office.

Name of company/business _____

Phone number (include area code) ______

Address

City/State/Zip

_____ PLEASE PRINT OR TYPE

Signature _____

Title_____

Date_____