

VERIFICATION OF EXPERIENCE
(EMPLOYER- PLEASE COMPLETE ALL BLANKS)

NAME OF EMPLOYEE

SOCIAL SECURITY NUMBER

Position	Employment		Days Worked	FT/PT	Hours Per Day
	From <i>Mo./Day/Yr.</i>	To <i>Mo./Day/Yr.</i>			

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 _____

Name _____

PLEASE PRINT OR TYPE

Signature _____

Title _____

Date _____