

FULTON COUNTY BOARD OF EDUCATION - EXPERIENCE VERIFICATION FORM

COMPLETE AND RETURN FORM TO ADDRESS BELOW:

FULTON COUNTY BOARD OF EDUCATION
 ATTN: HUMAN RESOURCES, ZONE # _____
 786 CLEVELAND AVENUE, SW
 ATLANTA, GEORGIA 30315

* (TO COMPLETED BY EMPLOYEE) *Employee's Name _____ *Social Security Number _____ *Birth Date _____

SPECIAL INSTRUCTIONS: SECTION BELOW TO BE COMPLETED BY EMPLOYER

Use one line for each academic year or change in status. Do not include leave of absence periods. The individual whose name appears above has been employed by the Fulton County School System. In order to establish correct Georgia certification and/or salary placement, it is necessary to verify previous employment. Your assistance in establishing a correct service record for this employee will be appreciated. (EACH SECTION MUST BE COMPLETED FOR THIS EXPERIENCE TO BE CONSIDERED.)

School District or Company	State	Dates Of Service From: Mo/ Day/ Yr	Dates Of Service To: Mo/ Day/ Yr	Indicate Accrediting Agency Status During the Dates of Service (If Applicable) YES/NO	# Of Days In Full Contract Year	# Of Contract Days Employed	Status Full-time or Part-time	Hrs Per Day	Position	Certification Held at Time of Service YES/NO

FOR NON-TEACHING POSITIONS – Describe individual's Duties/Responsibilities:

THE FOLLOWING INFORMATION TO BE SUBMITTED BY GEORGIA SCHOOL SYSTEMS ONLY

TRANSFER OF UNUSED SICK LEAVE:

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

Did Employee Gain Tenure Status? _____ Yes _____ No _____

Did Employee Receive An Unsatisfactory Evaluation? _____ Yes _____ No - If Yes, Please Indicate Year (s) _____

I CERTIFY that the above information is true and omits leave of absence periods. I further certify that the named individual held an active teaching certificate while employed and that the schools held state or regional accreditation, if applicable.

*****FOR OFFICIAL USE ONLY*****

 Signature of Superintendent or Authorized Official

PLEASE AFFIX OFFICIAL
 SEAL

Person ID #: _____ Employment Date: _____
 Current Group: _____ Current Level: _____
 Revised Group: _____ Revised Level: _____
 Total Experience Credit Years: _____

 Title Date

 Print Name Telephone Number

EMPLOYEE - COMPLETE ENTIRE PAGE
(ONE FORM FOR EACH DISTRICT/EMPLOYER)

The individual whose name appears below has been employed by Fulton County Board of Education. In order to establish correct Georgia certification and salary placement, it is necessary to verify previous professional employment. On the reverse side of this form it is requested that verification be provided for the professional employment in your school system or company, and in addition, the employment in any other school system or institution prior to service in your organization. Your assistance in establishing a correct service record for this employee will be appreciated.

EMPLOYEE'S NAME: _____ **S.S.#** _____ - _____ - _____

ADDRESS: _____

SCHOOL/DEPARTMENT _____

IN ORDER FOR EXPERIENCE CREDIT TO BE GRANTED FOR THE CURRENT SCHOOL YEAR, VERIFICATION MUST BE RECEIVED NO LATER THAN THE LAST WORKING DAY OF THE CURRENT CONTRACT PERIOD. IF RESIGNING BEFORE COMPLETING THE CURRENT CONTRACT PERIOD, VERIFICATION MUST BE RECEIVED BY THE RESIGNATION DATE.

BY MY SIGNATURE I ACKNOWLEDGE THAT IT IS MY RESPONSIBILITY TO OBTAIN CORRECT EMPLOYMENT VERIFICATION(S) FROM MY PREVIOUS EMPLOYER(S). FULTON COUNTY BOARD OF EDUCATION WILL NOT PROCESS EXPERIENCE CREDIT UNTIL **ALL** VERIFICATIONS ARE SUBMITTED AND RECEIVED AS A **COMPLETE** PACKET IN HUMAN RESOURCES.

Signature/Date _____

*Placement on the Fulton County Salary Schedule will be based on acceptable verified experience.

First Name	Middle Name	Maiden Name	Last Name
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Full Name when employed with Organization

Dates of Employment	Dates of Leave of Absence Periods
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Position(s) Held

Name of School(s) and/or Department(s)
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Authorization is granted to release all information requested in the "Verification of Employment" to the Fulton County School System.

Employee's Signature	Date
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****SEND THE COMPLETED FORM BACK TO THE EMPLOYEE. EMPLOYEE THEN SENDS FORM TO: FULTON COUNTY BOARD OF EDUCATION, 786 CLEVELAND AVENUE, SW, ATLANTA, GA 30315, ATTENTION: HUMAN RESOURCES, ZONE ____.**