

## Experience Verification Form Instructions

Prior work experience for all Atlanta Public Schools employees must be verified in writing in order to receive credit for the experience. It is the responsibility of the employee to provide experience verification forms to former employers for completion.

All employees will be placed on Step 1 of the appropriate salary schedule until the completed Experience Verification Forms are received and evaluated by the Human Resources Compensation Office. Experience may be awarded if the prior service duties are relevant to the job for which you are being hired. Experience Verification Forms must be received by the Compensation Office within 90 calendar days from your date of hire/rehire in order for the potential salary change to be effective on your hire/rehire date. If the Experience Verification Forms are received after 90 calendar days, the potential salary change will be effective on the first day of the new payroll period following receipt of the form in the Compensation Office. It is also the responsibility of the employee to contact the Compensation Office if an expected pay change has not occurred before the 90 day deadline.

Please forward the Experience Verification form to the appropriate employer(s) per the following instructions:

1. Please send a separate form to each previous employer you wish to submit for possible credit experience. *If it is not possible to have your experience verified by a previous employer or you were self-employed, please see information regarding the procedure to verify past employment below.*
2. Complete and sign page 1 of the experience verification form.
3. Send both page 1 and page 2 to your previous employer(s).
4. Your previous employer(s) should complete page 2 of the experience verification form.
5. Once the form is complete, the previous employer should return both pages to APS via:

Scan and email to: Siobhan Holston Classification Specialist Compensation Office at snholston@atlanta.k12.ga.us	OR	Fax to: 404-802-1307 Attn: Compensation Office	OR	Mail to: Atlanta Public Schools Attn: Human Resources Compensation Office 130 Trinity Avenue Atlanta, GA 30303
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Once the experience verification form is received by the Compensation Office, the information will be evaluated and, if acceptable, your salary will be adjusted. The forms will be processed as we receive them.

### PROCEDURE TO VERIFY PAST EMPLOYMENT IF (Non-certified employees only):

Companies no longer in operation	OR	Companies which no longer have prior employment records	OR	You were self-employed
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Step 1: The employee should submit a notarized letter to the Compensation Office stating the information regarding his/her prior employment. The letter should include the name and address of the Company, the dates of employment, employment status (full-time or part-time), number of days worked per year, number of hours worked per day, salary received, and specific duties performed while on the job. The letter should also contain the name and contact information of the former supervisor.

Step 2: Along with the notarized letter, the employee should provide W-2 forms, tax returns, and/or check stubs that would assist in verifying the employment information.

Step 3: After receiving these documents, the Compensation Office will determine whether the information supports granting credit for this prior experience.

Should you have questions concerning experience verification, please contact the Compensation Office at 404-802-2325.

**ATLANTA PUBLIC SCHOOLS  
 AUTHORIZATION TO RELEASE INFORMATION  
 EXPERIENCE VERIFICATION FORM  
 PAGE 1**

***ALL INFORMATION ON THIS PAGE IS TO BE PROVIDED BY THE EMPLOYEE***

TO:

Address of Organization to Provide the Experience Verification
Superintendent or Chief Executive Officer
Name of Organization
Street Address
City/State/Zip

FROM: Atlanta Public Schools  
 130 Trinity Avenue S. W.  
 Atlanta, GA 30303

RE: Experience Verification

The individual whose name appears below has been employed by the Atlanta Public Schools. In order to establish correct salary placement, it is necessary to verify previous employment. This is to request that, using page 2 of this form, verification be provided for the individual's employment while in your organization. Your assistance in establishing a correct service record for this employee is appreciated.

Data Needed by the Organization Providing the Experience Verification			
First Name	Middle Name	Maiden Name	Last Name
Full Name When Last Employed with Organization			
Social Security Number			
Dates of Employment			
Dates of Leave of Absence Periods			
Position(s) Held			
Name of School(s) and/or Department(s)			

Authorization is granted to release to the Atlanta Public Schools all information requested in the Experience Verification Form.

SIGNATURE

DATE

## PAGE 2 - VERIFICATION OF EXPERIENCE - PARAPROFESSIONAL

Please return completed form to Atlanta Public Schools, Human Resources, Compensation Office via:  
 Email: [snholston@atlanta.k12.ga.us](mailto:snholston@atlanta.k12.ga.us) Or US Mail: 130 Trinity Street SW, Atlanta, GA 30303 Or Fax: 404-802-1307

**Part I: To be completed by Employee**

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Part II: To be completed by the current or previous employer.**

The completion of this form is necessary for the correct salary placement of our employee. Thank you in advance for your promptness.

**Use one line for each year of employment or change in status. Do not include leave of absence periods.**

School District	Dates of Service		School Accreditation Status and Accrediting Agency During the Dates of Service	Actual Number of Days in Full Year	Actual Number of Days Worked	Status		Hours Worked Per Day	Position Title
	FROM mm/dd/yy	TO mm/dd/yy				Full Time	Part Time		

**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 is herewith transferred for the inclusion in the permanent personnel record of the above named employee.

*I certify that the above-listed verification of experience omits leave of absence periods. I further certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.*

\_\_\_\_\_  
**Signature of Authorized Official**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Area Code/Phone Number**

\_\_\_\_\_  
**Date**