



**DeKalb County School District  
Verification of Experience Form for Bus Drivers**

*Please send the completed form back to the **employee** at the address provided by the employee in the box **below**. Employee then sends forms back as a complete packet to DeKalb Schools Human Resources.*

**Employee should complete the section below and send to previous employer(s).**

Name: (Last, First, Middle, Maiden)	SS#:
Signature:	Date:
Employee address/fax to return form:	
DeKalb County Position: <b>BUS DRIVER</b>	Work Location: <b>TRANSPORTATION-712</b>

**\*\*\*\*EFFECTIVE JANUARY 1, 2013\*\*\*\***

**For experience to be considered for current year salary placement, this form MUST be received in Human Resources within 60 Days of initial hire date.  
Initial salary step is Step 01 if no previous experience is documented.**

**TO BE COMPLETED BY AUTHORIZED OFFICIAL**

**Employees should not complete any portion of the information below.**

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

Dates of Service (mm/dd/yyyy) From	Dates of Service (mm/dd/yyyy) Through	Hours Worked Per Day	Part or Full Time?	Position / Title	Major Responsibilities

Signature of Authorized Official

Date

Print Name and Title of Authorized Official

Telephone

**SICK LEAVE TRANSFER**

**For GA Public Schools Only.** As of \_\_\_\_\_ (Date) \_\_\_\_\_ days of unused accumulated sick leave are herewith transferred, in accordance with O.C.G.A. 20-2-850, for inclusion in the permanent personnel record of the above-named employee.

**\*\*PLEASE RETURN COMPLETED FORM TO THE EMPLOYEE AT ADDRESS PROVIDED ABOVE\*\***

DeKalb County School District, 1701 Mtn. Industrial Blvd., Stone Mtn., GA 30083

rev. 11/2014