



Georgia Department of Education

To: \_\_\_\_\_  
School System or Institution

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

From: Greene County \_\_\_\_\_ Board of Education

Subject: Verification of Professional Employment

Date: \_\_\_\_\_

*The individual whose name appears below has been employed by the above named school system. In order to establish salary placement, it is necessary to verify previous professional employment. The reverse side of this page provides the form for the information needed for salary purposes and for other employee benefits. Thank you for this service to your former employee.*

To Be Completed By Employee

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Name when employed, if different from the above Social Security Number

\_\_\_\_\_  
Date of Employment School or Department

\_\_\_\_\_

Position

*I hereby authorize you to release all information requested for Verification of Employment to the Greene County School System.*

\_\_\_\_\_  
Signature Date

Please complete the appropriate section on the reverse side and return to the address below.

GREENE COUNTY BOARD OF EDUCATION

P. O. BOX 209; 101 EAST THIRD STREET

GREENSBORO, GEORGIA 30642

Georgia Department of Education  
Verification of Professional Employment

A. Employee's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

To be completed by previous Georgia employer (Georgia public school system only). Please complete all Sections B-I.

B.

Name of Verifying Georgia School System	Date of From Mo/Day/Yr	Service To Mo/Day/Yr	Total days Each year	Hours per day	Position

Include experience with above Georgia system only. Use more than one line if there was a break in service.

C. This teacher was granted \_\_\_\_\_ years prior experience from other schools and/or systems in accordance with Georgia Department of Education regulations upon employment with the above named verifying system.

D. Total of experience verified above (B and C) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

E. Teaching certificate type \_\_\_\_\_ (attach a copy if available)

F. Accumulated Sick Leave eligible for transfer \_\_\_\_\_ days

G. State Merit Insurance – Employee was covered  Single  Family  
 No coverage  Standard  High Option

H. Did employee have tenure in the system?  Yes  No

I. Was employee "advanced" on Georgia pay scale?  Yes  No

Step last year \_\_\_\_\_ (Indicate  Old or  New Step Column)

Out of State and Private Institutions

Institution/System	State	Time Begin Date	Served End Date	Total day each year	Position

Total number of years employed in this institution system \_\_\_\_\_

The above named is  public  private school and is fully accredited by

\_\_\_\_\_ Department of Education and/or \_\_\_\_\_ accrediting agency.

I certify that the information and the verification of professional experience listed above is complete and accurate according to the official records on file in this school system.

Name of System/Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_