

DUBLIN CITY SCHOOLS
Verification of Professional Employment

A. Employee's Name: _____ Social Security Number: _____

To be completed by previous Georgia employer (Georgia public school systems only).
Please complete all Sections B-I and email to Peggy Goodlett at peggy.goodlett@dcsirish.com

B. Name of Verifying Georgia School System: _____

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

From Mo/Day/Yr	To Mo/Day/Yr	Total Days Each Year	Hours Per Day	Position

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. How was the employee last paid on Georgia pay scale?

Salary Step _____ Years of Creditable Service _____ Level of Certification _____

F. Was employee "advanced" on the Georgia pay scale? _____ Yes _____ No

G. Accumulated sick leave eligible for transfer days _____

H. State merit insurance _____ Single _____ Family _____ Not Covered _____

I. Did employee have tenure in the system? Yes _____ No _____

Out of State and Private Institutions

Institution/System: _____ State _____

The above name is a Public Private school and is fully accredited by (state) _____ Department of
Education and/or accrediting agency.

From Mo/Day/Yr	To Mo/Day/Yr	Total Days Each Year	Hours Per Day	Position

Total number of years employed in this institution/system _____

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

Name of person completing the form: _____ Phone #: _____

Mailing Address: _____

City State: _____ Zip: _____ Date Completed: _____

Signature of Superintendent or Authorized Official Title: _____



DUBLIN CITY SCHOOLS

To:

School System or Institution

Street Address

City, State, Zip Code

From: Dublin City Board of Education

Subject: Verification of Professional Employment

The individual whose name appears below has been employed by the above names 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 above: _____

Social Security Number _____

Dates of Employment: _____ School or Department: _____

Position: _____

*I, hereby authorize you to release all information for Verification of Employment to
Dublin City Schools, 207 Shamrock Drive, Dublin GA, 31021*

Signature

Date

**Please complete the appropriate section on the reverse side and email to
peggy.goodlett@dcsirish.com**

Phone: 478-353-8000 Fax: 478-353-8001