



# NON-CERTIFIED/CLASSIFIED STAFF - Verification of Work Experience

Clayton County Public Schools – Division of Business Services – Compensation Department | 1098 Fifth Avenue, Jonesboro, GA 30236 [ccpsvoe@clayton.k12.ga.us](mailto:ccpsvoe@clayton.k12.ga.us)

**Part A: To be completed by applicant and sent to previous employer.** In order for experience credit to be granted for the current school year, the Verification of Certified Work Experience form must be received no later than the last working day of the current fiscal/school year.

*By signing below, I authorize my former employer to complete this form and return it to the CCPS address/email listed above.*

Name - Last, First, MI (Maiden):		Signature:		Date:
Position with CCPS:	CCPS Work Location:	Employee ID (if known):	Social Security Number:	

**Part B: To be completed by an authorized Human Resources official currently employed with the school district/school.** Please complete the following information and **return this form to the address/email listed above**. This information will be used to determine experience credit for salary purposes. For experience to be considered for current year salary purposes, this form **MUST** be received in the Compensation Department **no later than 60 days from the date of hire**. Email copies to [ccpsvoe@clayton.k12.ga.us](mailto:ccpsvoe@clayton.k12.ga.us)

Company/Organization: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Service (MM/DD/YY)		Number of Days Worked	Part-Time or Full-Time	Position/Title Held	Degree/Certificate Held
From	To				

I certify that all information listed above is complete and correct according to the official records.

For GA Public Schools only: As of \_\_\_\_\_ (Date) \_\_\_\_\_ days of unused accumulated sick leave (maximum of 45 days) 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. Sick leave can only be accepted if the transfer occurs within one year of the employee leaving a GA public school system.

Signature of Authorized Official: \_\_\_\_\_

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

Printed Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_