



COACHING / EXTRACURRICULAR DUTIES - Verification of Coaching / Extracurricular Experience

Gwinnett County Public Schools - Human Resources - Compensation 437 Old Peachtree Road, NW Suwanee, GA 30024 compensation@gcpsk12.org Fax: (678)442-5258

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 Coaching / Extracurricular 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 GCPS address / email / fax number listed above.

If signing electronically: I understand that entering my name in the Signature field below and checking this box constitutes a valid signature (required).

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

Part B: To be completed by authorized Human Resources official currently employed with the school district / school. Please complete the following information and return this form to the address/email/fax number listed above. This information will be used to determine experience credit for salary purposes. This form should be completed to verify the employment of the individual named above as a Coach (indicate Head or Assistant), a Sponsor of Cheerleading, Band Auxiliary, Debate, Newspaper, Yearbook, One Act Play/Drama or as an Academic Sponsor.

School District / School: _____ State: _____

| Dates of Service (MM/DD/YY) | | Type of Assignment (Sport / Club) | Indicate Level: Varsity, JV, 9th Grae, Middle School | Head | Assistant |
|--------------------------------|----|--------------------------------------|--|------|-----------|
| From | To | | | | |
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I certify that all information listed above is complete and correct according to the official records of the school system or institution providing this verification of experience.

Signature of Authorized Human Resources Official Printed Name of Authorized Human Resources Official

If signing electronically, I understand that entering my name on the Signature line below and checking this box constitutes a valid signature (required).

Date

Title of Authorized Human Resources Official

Business Email

Business Phone Number