

# Georgia Department of Education

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

\_\_\_\_\_

Street Address

\_\_\_\_\_

City, State, Zip Code

From: Laurens County School System

Subject: Verification of Professional Employment

The individual whose name appears below has been employed by the above-named school system. To establish salary placement; it is necessary to verify previous professional employment. Please complete page 2 to provide the necessary information needed for salary purposes and for other employee benefits.

## TO BE COMPLETED BY EMPLOYEE

First Name

Middle Name

Last Name

List any other name used, if any: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Employment: Start Date \_\_\_\_\_ End Date: \_\_\_\_\_

Position: \_\_\_\_\_

I, hereby authorize you to release all information for Verification of Employment to:

### Laurens County Board of Education

Attention: Mrs. Belinda Stanley

[belindastanley@lcboe.net](mailto:belindastanley@lcboe.net)

467 Firetower RD

Dublin, GA 31021

Telephone: (478) 272-4767 Ext. 4825

Fax: (478) 277-2619



Signature: \_\_\_\_\_

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

Georgia Department of Education  
Verification of Professional Employment

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

To be completed by previous Georgia employee (Georgia public school system ONLY) Please complete B.1

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 Day	Per	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 employee last paid on Georgia pay scale? Level of Certification \_\_\_\_\_

Salary Step \_\_\_\_\_ Years of Creditable Service \_\_\_\_\_ Advanced on Pay Scale? \_\_\_ Yes \_\_\_ No

F. SHBP Insurance:

\_\_\_ BCBS \_\_\_ UHC \_\_\_ HMO \_\_\_ HRA \_\_\_ Bronze \_\_\_ Silver \_\_\_ Gold \_\_\_ No Coverage

\_\_\_ Single \_\_\_ Emp + Child(ren) \_\_\_ Emp + Spouse \_\_\_ Last Date of Deductions \_\_\_/\_\_\_/\_\_\_

LDC: \_\_\_/\_\_\_/\_\_\_

G. Has this employee received any UNSAT evaluations: \_\_\_ Yes \_\_\_ No Remediated: \_\_\_ Yes \_\_\_ No

**OUT OF STATE AND PRIVATE INSTITUTIONS**

Institutions /System: \_\_\_\_\_ State: \_\_\_\_\_

The above named is a \_\_\_ Public \_\_\_ Private school and is fully accredited by \_\_\_\_\_ (State) Department of Educations and/or \_\_\_\_\_ accredited agency.

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

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

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 person completing form: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

Signature of Superintendent or Authorized Official \_\_\_\_\_

Date \_\_\_\_\_

---

Laurens County School System  
SICK LEAVE REQUEST

The individual whose name appears below has been employed by your school system. The employee states they have Sick Leave eligible for transfer.

TO BE COMPLETED BY EMPLOYEE

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Name when employed if different from above

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

TO BE COMPLETED BY PREVIOUS EMPLOYER

Accumulated Sick Leave eligible for transfer \_\_\_\_\_ days. (Maximum allowed 45 days and we understand these days are not available until July 1st after all sick leave has posted.)

I certify that the verification of Sick Leave eligible for transfer listed above is accurate according to the official records on file in this school system.

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

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Superintendent or Authorized Designee

\_\_\_\_\_  
Date

Laurens County School System will accept this information only when emailed or faxed directly from previous employer. Email to [belindastanley@lchoe.net](mailto:belindastanley@lchoe.net) or fax to (478) 277-2619