



Hart County Charter System
 284 Campbell Dr.
 Hartwell, GA 30643
 Phone: 706-856-7205
 Fax: 706-376-7046

PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

Employee should complete the below section and forward to prior school district(s). The form will then be forwarded to HCCS.

Employee's Name:	Social Security Number:
School District Name:	School District Address:
Authorization is granted to release all information requested below to Hart County Schools. Signature: _____ Date: _____	

This District/Institution is private public

And was fully accredited during the dates of service by the _____ Department of Education and/or _____
 (State) (Name of Regional Accrediting Agency).

To be completed by Authorized Verifying System Official: Use one line for each change in status.

School District or Institution	State	Date of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	Status		Hours Per Day	Position	Grades and Subjects Taught Major Portion of Time	Professional Certification (Yes or No) and Type of Certificate	Eligible for Immediate Re-employment (Yes/No)
		From MM/DD/YY	To MM/DD/YY			Full Time	Part Time					

Georgia School Systems only:

▶ The following is an accurate record of unused State Transferable sick leave accrued after July 1, 1978, and credited to the former employee named above in accordance with O.C.G.A.20-2-850.
 As of _____, _____ days of unused accumulated State Transferable sick leave are transferred for inclusion in the permanent personnel record of the above named employee.

▶ The employee was granted _____ years prior experience from other systems in accordance of Georgia Department of Education regulations upon employment.

▶ Pay scale during last year of employment: Certification Level: _____ Salary Step: _____ Years of Creditable Experience: _____ Actual Number of Years: _____

▶ This employee received/will receive their last paycheck on: _____ Benefits deducted: Yes No

▶ State Health Benefit Plan Coverage: None Employee Employee + Child(ren) Employee + Spouse Employee + Family Option _____

▶ Did this employee receive an unsatisfactory evaluation for any year since July 1, 2000? Yes No ▶ Did employee gain "Tenure" status? Yes No

I certify that the above listed verification of professional experience omits per diem substitute teaching experience and clearly identifies leave of absence periods.
 I further certify that all information listed above is complete and correct according to the official records on file in the school system providing this verification of employment.

 Signature of Superintendent or Authorized Official Title Email Date

 Mailing Address City State Zip Code Telephone Number