



CERTIFIED STAFF - Verification of Certified Work 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 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 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 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/fax number listed above. This information will be used to determine experience credit for salary purposes. Your assistance in establishing an accurate service record for this employee is appreciated.

School District/School: _____ State: _____ Accrediting Agency: _____

Please check: Public School Private School Other: _____

	Yes	No		Yes	No
Was a certificate/license required for this position?			<i>For Pre-K teachers only:</i>		
Was a contract required for this position?			Was the Pre-K program state-funded? (<i>Head Start, etc.</i>)		
Was the employee under contract?			<i>For college/university:</i>		
Did the employee have tenure in your system?			How many hours per quarter/semester did employee teach?		

Dates of Service (MM/DD/YY)		Number of Scheduled Day in Work Year	Number of Days Worked by Employee	Hours Per Week	Position Held	GA Public Schools Only: Type and Level of Certificate Held
From	To					

Did employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year of employment? Yes No

If yes , please indicate school year(s) and rating(s): _____

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.

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 and checking this box constitutes a valid signature (required). Date

Title of Authorized Human Resources Official Business Email Business Phone Number