

Dade County Public School System
 Human Resources - P.O. Box 188 Trenton, GA 30752
 Attn: Bonnie Harris bonnieharris@dadecs.org Fax # (706)657-4572
SCHOOL EXPERIENCE VERIFICATION FORM

PART I Applicant should complete:

Employee's Name: _____ SS Number: _____ Birth Date: _____
 Address: _____ City, State, Zip Code: _____

PART II To be completed by PREVIOUS EMPLOYER (Superintendent, headmaster, or HR Director)
 Please use one line for each academic year. Do not include leave of absence periods.

School District	State	Dates of Service		School Accreditation Status During Dates of Service, Indicate Agency	# of days In Year Contract	# of days Actually Employed	Status Hours			Position	Grades and Subjects taught majority of day
		FROM	TO				FT	PT	Day		

PART III Complete only if you are a Georgia System

Pay Step: Was employee advanced on GA pay scale YES NO (circle one) Step Last Year Employed: State _____ Actual _____
 Accumulated sick leave eligible for transfer: _____ days Did employee have tenure? YES NO (circle one)
 State Merit Insurance: Single Family None (circle one) Which plan, if applicable: _____

PART IV Complete if out of state

Total of experience verified years _____ years _____ months _____ days

I certify that this verification of professional experience omits leave of absence periods. I further certify that all information listed is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

 Signature of Authorized Official

 Address

 Phone Number

 Title

 City, State, Zip Code

 Date