



CERTIFIED EXPERIENCE VERIFICATION FORM FOR TEACHING/SERVICE/LEADERSHIP

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	
Dates of Employment		Position	

By signing below, I hereby authorize to release all information requested below to the Henry County School System. I understand that it is my responsibility to obtain correct and completed employment verification forms from my previous employers. *I also understand that entering my name below in the signature field and checking this box constitutes a valid signature (required).*

Employee Email Address	Signature	Date
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Employee: Please complete the above information ONLY. SAVE and EMAIL this form to your previous employer for verification of the following information.

*******EMPLOYERS SECTION ONLY*******

Please complete **EACH** section for experience to be considered. Send completed form by **CLICKING** on the "SUBMIT FORM" selection at the top of page OR email saved form to compensation@henry.k12.ga.us.

- This District/Institution is private public and was fully accredited during dates of services by the _____ State Department of Education and/or _____ Name of Regional Accrediting Agency
- Did Employee receive an unsatisfactory, ineffective or needs development annual summative performance evaluation for any year since July 1, 2000? Yes No
If yes, indicate school year(s) and rating(s): _____ (If additional space is needed, please use additional sheet.)

Use **one line** for each change in status.

School District or Institution	State	Dates of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	Status		Hours per day	Position	Grade/Subject	Certification held at time of service (Yes/No)	Eligible for Immediate Re-employment (Yes/No)
		From M/D/Y	To M/D/Y			Full time	Part time					

GEORGIA SCHOOL SYSTEMS ONLY

- The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850. _____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.
- The employee named above was advanced One Two step(s) on the State Salary Schedule. Salary Step final year of employment _____
Years of Payroll Experience final year of employment _____
- If this verification includes any pre-school teaching experience, was the program state funded? Yes No
- Did this employee gain tenure status? Yes No

I certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment. *I understand that entering my name on the signature line below and checking this box constitutes a valid signature (required).*

Signature of Superintendent or Authorized Official	Title	Street Address	City	State	Zip
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Business Email Address	Area Code and Telephone Number	Date
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