A.

_____

Employee's Name Social Security Number Birth Date

B. To be completed by school system. Name of verifying school system _____
Include experience with above named system only. Use more than one line if there was a break in service. For experience earned in a private school, please attach a brief description of the school, i.e., type of curriculum, grade and/or age levels of Instruction and accreditation status.

School District AND School Name	State	Dates of Service		School Accreditation Status During the Dates of Service, Indicate Yes/No & Type	Days in Full Contract Year	Contract Days Employed				Position	Grades and Subjects Taught Major Portion of Time	Professional Certification Yes/No & Type
		From Mo/Day/Yr	To Mo/Day/Yr				Full Time	Part Time	Per Day			

C. Did this employee receive an unsatisfactory or ineffective annual summative performance evaluation for his/her last year of employment or two consecutive annual summative needs development ratings for his/her last two years of employment? (This information should be verified with the staff member responsible for the evaluation of this individual.)
Yes_____ No_____

D. 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.

E. Total years of experience verified above (B and D)_____Years _____ Months _____Days

F. *Teacher Retirement* Number _____ Accumulated sick leave eligible for transfer_____Days

G. State Health Benefit Plan Insurance Coverage: ( ) No Coverage ( ) Single Coverage ( ) Family Coverage
( ) PPO ( ) PPO Choice ( ) Indemnity
( ) Tobacco Surcharge ( ) Spouse Surcharge

H. Did this employee have tenure in your school system? _____

I. Was this employee "advanced" on the Georgia Teacher Salary Schedule? _____
During the _____ -- _____ school year, what was this employees salary step (_____) and years of creditable experience (_____)on the state salary schedule?

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 System/institution_____Phone Number_____

Mailing Address_____ City_____ State_____ Zip_____

Superintendent or Authorized Official _____