DIVISION OF HUMAN RESOURCES
COMPENSATION UNIT

Verification of Experience Form
Educational Support Professional (ESP)

*Please send the completed form back to the **employee** at the address/fax number provided in the box **below**. The employee collects all verification forms and submits as a complete packet to DeKalb County Schools Human Resources. Employee, please allow up to two (2) pay periods for any salary adjustments to be updated upon receipt of additional related experience.*

Employee should complete the section below and send to previous employer(s).

Employee's Name: (Last, First, Middle, Maiden)	Social Security Number:	Employee ID: (if applicable)
Employee's Address/Fax to Return Form:		
DeKalb County Position:	Work Location:	
Employee's Signature:	Today's Date:	

******EFFECTIVE JANUARY 1, 2013******

For experience to be considered for current year salary placement, this form MUST be received in Human Resources within 60 Days of initial hire date. If no previous experience is documented, initial salary is Step 01.

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TO BE COMPLETED BY AUTHORIZED OFFICIAL
Employees should not complete any portion of the information below.

Name of Company: _____

Address: _____

City, State, Zip Code: _____

Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)	Hours Worked Per Day:	Part (PT) or Full (FT) Time?	Position/ Job Title:	Major Responsibilities: (attach job description)

_____

Signature of Authorized Official Date

_____

Printed Name and Title of Authorized Official Telephone

*****PLEASE RETURN COMPLETED FORM TO EMPLOYEE AT ADDRESS/FAX NUMBER PROVIDED ABOVE*****

1701 MOUNTAIN INDUSTRIAL BOULEVARD, STONE MOUNTAIN, GA 30083 * MAIN: 678-676-0005 * EMAIL: compensation@dekalbschoolsga.org

Revised 03/2023