DIVISION OF HUMAN RESOURCES
COMPENSATION UNIT

VERIFICATION OF EXPERIENCE FORM
ATHLETIC AND INSTRUCTIONAL SUPPLEMENTS

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

Please complete this form to verify the employment of the following teacher as an athletic or instructional sponsor, department chairperson, or music/band sponsor.

Authorization is granted to release all information for verification of non-contracted positions to DeKalb County Public Schools.

Name (Last, First, Middle, Maiden)	SS#
Signature	Date
Employee address/fax to return form:	

******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.
Initial salary step is Step 01 if no previous experience is documented.

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

School/School District: _____ State _____

Dates of Service (mm/dd/yyyy) From	Dates of Service (mm/dd/yyyy) To	Type of Assignment	Indicate Level: Varsity, JV, 9th Grade, Middle School	Paid Experience Y/N

Signature of Authorized Official Date

Print Name and Title of Authorized Official Telephone

****PLEASE RETURN COMPLETED FORM TO EMPLOYEE AT THE ADDRESS PROVIDED ABOVE****