Bibb County School District — Human Resources
484 Mulberry Street Suite 501 • Macon, Georgia 31201
EMAIL: Compensation@bcsdk12.net
Phone:(478) 765-8560 • Fax: (478)779-3520

CERTIFIED EMPLOYEE EXPERIENCE VERIFICATION FORM

Former Employer: Please complete this form and submit it directly to Human Resources via mail or fax.

EMPLOYEE'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

ADDRESS	CITY	STATE	ZIP

USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN STATUS-DO NOT INCLUDE LEAVE OF ABSENCE PERIODS (attach additional pages if necessary)

SCHOOL DISTRICT OR INSTITUTION	STATE	DATES OF SERVICE		POSITION	# OF DAYS IN FULL CONTRACT YEAR	CONTRACT DAYS EMPLOYED	STATUS	
		FROM MM/DD/YYYY	TO MM/DD/YYYY				FULL TIME	PART-TIME

Total Years of Experience Verified Prior to Employment _____ Total Years of Experience Verified (including above information) _____

CERTIFIED EMPLOYEES:

During the 20_____-20_____ school year, the employee was paid on Step _____ Years _____. Was the employee "Advanced" on the Georgia Pay Scale? _____ YES _____ NO

If the employee would remain in your employment, for the following school year, what pay scale would the employee be paid on? Step _____ Years _____

Date last Paycheck will be paid out _____.

State Health Insurance – The employee named above was enrolled for _____ Plan and under _____ option in the monthly amount of $_____, and the last payroll deduction date will be _____.

_____

Signature of Authorized Official Title Date

_____

Street Address City State Zip Code Phone Number

PLEASE AFFIX OFFICIAL SEAL OR STAMP HERE: