CLASSIFIED EMPLOYEE – Verification of Work Experience – BIBB COUNTY SCHOOL DISTRICT

The HR department of your previous employer must complete this form. **Send completed forms to address, fax or email below**

Part I: TO BE COMPLETED BY EMPLOYEE:

Employee's Name: _____ **Social Security No.:** _____-_____-_____ **Date of Birth:** _____

Employee's Phone Number: _____ **Assigned School/Dept:** _____ **Position:** _____

By signing below, I hereby authorize my former employer to complete this form and return it to Bibb County School District. I also understand that it is my responsibility to obtain correct and completed employment verification forms from my previous employers.

Employee's Signature: _____ **Date:** _____

Part II: TO BE COMPLETED BY PREVIOUS EMPLOYER: The individual whose name appears above has been employed by Bibb County School District. To establish a correct salary placement, it is necessary to verify previous employment. Your assistance in establishing a correct service record for this employee is appreciated.

School District/Company: _____ **State:** _____

NOTE: Use one line for each academic year or change in status. Do not include leave of absence periods.

Position Held	Dates of Service (MM/DD/YY) From	To	Full-time or Part-time	Hours Per Week	Job Duties (Please provide a Job Description)

I certify that all the information listed above is complete and correct according to the official records of the school system or company providing this verification of experience.

Signature of Authorized Official: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Telephone No.: _____ **Email:** _____

Bibb County School District — Human Resources
484 Mulberry Street Suite 501 Macon, GA 31201
(478)765-8560
Email: compensation@bcsdk12.net
Fax: (478)779-3520

Part IV: TO BE COMPLETED BY BIBB COUNTY SCHOOL DISTRICT, HR DEPT

Employee ID No.: _____ Current Group: _____

Employment Date: _____ Current Step: _____

Total Years of Experience: _____ Revised Step: _____

Last Updated 7/2025