EMPLOYEE—COMPLETE ENTIRE PAGE
(ONE FORM FOR EACH PREVIOUS EMPLOYER)

The individual whose name appears below has been employed by Marietta City Schools. In order to establish correct salary placement, it is necessary to verify previous employment. We request that verification of employment be provided on the following page of this form.

EMPLOYEE NAME: _____ **SS#** ___-___-___

In order for classified experience credit to be granted for the current school year, verification must be received no later than 90 days from the employee's hire date at Marietta City Schools. If resigning before completing the current contract period, verification must be received by the resignation date.

By my signature I acknowledge that it is my responsibility to obtain correct employment verification(s) from my previous employer(s). Please be advised Marietta City Schools may not process experience credit until all verification documents are received.

_____ _____
Signature *Date*

*Placement on the Marietta City Salary Schedule will be based on acceptable verified experience.

Full name while employed with this organization:

_____
First *Middle* *Maiden/Other* *Last*

_____
Dates of Employment

_____
Position Held

_____
Employer

Authorization is granted to release all information requested in the "Verification of Employment" to the Marietta City Schools.

_____
Employee's Signature *Date*

Please forward this completed verification to:

MARIETTA CITY SCHOOLS
OFFICE OF HUMAN RESOURCES
250 HOWARD STREET
MARIETTA, GA 30060
WORKEXPERIENCEVERIFICATION@MARIETTA-CITY.K12.GA.US

CONFIDENTIAL

MARIETTA CITY SCHOOLS
250 HOWARD STREET | MARIETTA, GEORGIA 30060
WORKEXPERIENCEVERIFICATION@MARIETTA-CITY.K12.GA.US

CLASSIFIED WORK EXPERIENCE VERIFICATION FORM

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	

AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO MARIETTA CITY SCHOOLS.

Signature _____ *Date* _____

Employee: Please complete the above information ONLY and send this form to your previous employer to verify the information requested below.

Company/School District		**Department**	

This school district/institution is Private _____ Public _____ and was fully accredited during dates of service by the _____ Department of Education and/or _____.
State Regional Accrediting Agency

Position Held	Dates of Service From M/D/Y	Dates of Service To M/D/Y	Status Full time	Status Part time	Hours per day	Duties and Responsibilities	Performance Evaluation Status
							0 Satisfactory 0 Unsatisfactory
							0 Satisfactory 0 Unsatisfactory
							0 Satisfactory 0 Unsatisfactory
							0 Satisfactory 0 Unsatisfactory
							0 Satisfactory 0 Unsatisfactory

Omit unpaid leave of absence periods. Please be advised that temporary or substitute work should not be included.

GEORGIA SCHOOL SYSTEMS ONLY

The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850.
____days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.

I certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

Print name _____ *Title* _____

Signature of Authorized Official _____ *Date* _____

Street Address _____ *City* _____ *State* _____ *Zip* _____

Area Code and Telephone Number _____