EMPLOYEE—Complete Entire Page

(One form for each District/Employer)

The individual whose name appears below has been employed by the Marietta City School System. In order to establish correct Georgia certification and salary placement, it is necessary to verify previous professional employment. On the following page of this form, it is requested that verification be provided for the professional employment in your school system or institution, and in addition, the employment in any other school system or institution prior to service in your organization. Your assistance in establishing a correct service record for this employee will be appreciated.

EMPLOYEE NAME: _____ **SS#** _____

In order for experience credit to be granted for the current school year, verification must be received no later than 90 days into the current contract period. 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). The Marietta City Board of Education will not process experience credit until all verifications are submitted and received as a complete packet in personnel records.

_____ _____

Signature *Date*

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

Full Name while employed with organization:

_____

First *Middle* *Maiden* *Last*

_____

Dates of Employment *Dates of Leave of Absence Periods*

_____

Position Held

_____

Name of School(s) and/or Department(s)

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

_____ _____

Employee's Signature *Date*

Please forward this completed verification to:

Marietta City Schools
Office of Human Resources
250 Howard Street
Marietta, Georgia 30060
workexperienceverification@marietta-city.k12.ga.us

Certified WEV Form Revised 3/21/2022

CONFIDENTIAL

PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

WORKEXPERIENCEVERIFICATION@MARIETTA-CITY.K12.GA.US

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 THE MARIETTA CITY SCHOOL SYSTEM.

_____ _____

Signature *Date*

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

Employer: Use one line for each academic year or change in status.
Please complete EACH section for experience to be considered.

This District/Institution is private___public___and was fully accredited during dates of service by the_____Department of Education and/or_____.

State *Name of Regional Accrediting Agency*

School District or Institution	State	Dates of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	Status		Hours per day	Position	Grade/ Subject	Certification held at time of service (Yes/No)	Ratings on Performance Reviews	Eligible for Immediate Re-employment (Yes/No)
		From M/D/Y	To M/D/Y			Full time	Part time						
												0 Satisfactory 0 Unsatisfactory	
												0 Satisfactory 0 Unsatisfactory	
												0 Satisfactory 0 Unsatisfactory	
												0 Satisfactory 0 Unsatisfactory	
												0 Satisfactory 0 Unsatisfactory	

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.
- Based on your Salary Schedule (not State), Salary Step final year of employment _____ and Years of Payroll Experience final year of employment _____.

- Number of years of experience granted from previous employer according to GA Department of Education regulations _____
- State Health Insurance – The employee named above was enrolled for: PLAN _____ COVERAGE LEVEL _____ LAST PAYROLL DEDUCTION DATE _____
- If this verification includes any pre-school teaching experience, was the program state funded?____Yes____No
- Did this employee gain tenure status?____Yes___No

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.

_____ _____

Signature of Superintendent or Authorized Official *Title* *Street Address* *City* *State* *Zip*

_____ _____

Date *Area Code and Telephone Number*

Official Seal of School District: