

CERTIFIED EDUCATIONAL EXPERIENCE VERIFICATION FORM FOR TEACHING/SERVICE/LEADERSHIP

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 CHEROKEE COUNTY SCHOOL SYSTEM.			
Employee E-mail Address _____		Signature _____	Date _____

Employee: Please complete the above information ONLY and send this form to your previous employer for verification of the following information:

**Employer: Use one line for each change in status. Please complete EACH section for experience to be considered.
Return completed form to the employee. Employee compiles and sends all verification forms to Cherokee County Schools, HR Office.**

- 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
- Did Employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year since July 1, 2000? ☐ Yes ☐ No
 If yes, indicate school year(s) and rating(s): _____ (If additional space is needed, please use back of form.)

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)	Eligible for Immediate Re-employment (Yes/No)
		From M/D/Y	To M/D/Y			Full time	Part time					

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.
- The employee named above was advanced ☐ Zero ☐ One ☐ Two step(s) on the State Salary Schedule. Salary Step final year of employment _____ 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 ☐ None ☐ Single ☐ Family coverage under the following option: ☐ Gold HRA ☐ Silver HRA ☐ Bronze HRA
- 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 _____