

Franklin County Schools Verification of Professional Employment Request

Return to:

Employee's Name _____ Social Security # _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

- To be completed by previous employer(s) and signed by Superintendent or Personnel Officer.
- Use more than one line if there was a break in service.
- Send completed form back to employee; *employee then sends form to Franklin County Schools Human Resources Office, 280 Busha Road, Carnesville, GA, 30521.*

IN ORDER FOR EXPERIENCE CREDIT TO BE CONSIDERED/AWARDED, VERIFICATION MUST BE RECEIVED NO LATER THAN 60 DAYS AFTER HIRE DATE.

A.

Name of Verifying School System/Institution	Dates of Services		Total Days Each year	Hours Per day	Position
	FROM Mo/Day/Yr	To Mo/Day/Yr			

B. The above listed school system/institution was fully accredited by _____ accrediting agency/agencies.

Sections C through K should be completed by Georgia Employers only.

- C. Educator was granted _____ actual years of prior experience from other institutions and/or systems in accordance with Georgia Department of Education regulations upon employment with the above named verifying system.
- D. Total of actual years of experience verified above (A and C): _____ year's _____ months _____ days
- E. Total salary years of experience during the last school year employed: _____
- F. Was employee "advanced" on Georgia pay scale? ____ Yes ____ No
Step during the last year: _____ (Indicate: ____ Old or ____ New Step Column)
- G. Did employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year since July 1, 2000? ____ Yes ____ No
(If yes, please indicate which school year(s) and what rating(s) _____)
- H. Teaching certificate type during service: _____ (attach a copy if available)
- I. Employee was under contract during service. ____ Yes ____ No
- J. Unused accumulated sick leave eligible for transfer: _____ days.
- K. State Health Insurance - Employee was enrolled for: ____ None ____ Single ____ Family
Coverage under the following option: _____
- L. Did employee have tenure in your system? ____ Yes ____ No

I certify that the information and the verification of professional experience listed above is complete and accurate according to the official records on file in this school system.

Superintendent or Personnel Officer

Title

Phone Number

Date