



Georgia Department of Education

To:

School System or Institution

Street Address

City, State, Zip Code

From: Greene County Board of Education

Subject: Verification of Professional Employment

Date: _____

The individual whose name appears below has been employed by the above named school system. In order to establish salary placement, it is necessary to verify previous professional employment. The reverse side of this page provides the form for the information needed for salary purposes and for other employee benefits. Thank you for this service to your former employee.

To Be Completed By Employee

First Name

Middle Name

Last Name

Name when employed, if different from the above

Social Security Number

Date of Employment

School or Department

Position

I hereby authorize you to release all information requested for Verification of Employment to the Greene County School System.

Signature

Date

Please complete the appropriate section on the reverse side and return to the address *below*.

GREENE COUNTY BOARD OF EDUCATION

HUMAN RESOURCE DEPARTMENT

P. O. BOX 209; 101 EAST THIRD STREET

GREENSBORO, GEORGIA 30642

PHONE: (706) 453-7688 FAX: (706) 453-9019

RUSSELL.BROCK@GREENE.K12.GA.US

Georgia Department of Education
Verification of Professional Employment

A. Employee's Name _____ Social Security # _____

To be completed by previous Georgia employer (Georgia public school system only). Please complete all Sections B-I.

B.

Name of Verifying Georgia School System	Date of From Mo/Day/Yr	Service To Mo/Day/Yr	Total days Each year	Hours per Day	Position

Include experience with above Georgia system only. Use more than one line if there was a break in service.

C. This teacher was granted _____ years prior experience from other schools and/or systems in accordance with Georgia Department of Education regulations upon employment with the *above* named verifying system.

D. Total of experience verified *above* (B and C) _____ years _____ months _____ days

E. Teaching certificate type _____ (attach a copy if available)

F. Accumulated Sick Leave eligible for transfer _____ days

G. State Merritt Insurance – Employee was covered: ☐ Single ☐ Family

☐ No Coverage ☐ Standard ☐ High Option

H. Did employee have tenure in the system? ☐ Yes ☐ No

I. Was employee “advanced” on Georgia pay scale? ☐ Yes ☐ No

Step last year _____ (Indicate ☐ Old or ☐ New Step Column)

Out of State and Private Institutions

Institution/System	State	Time Begin Date	Served End Date	Total day Each year	Position

The number of years employed in this institution system _____

The above named ☐ public ☐ private school is fully accredited by

_____ Department of Education and/or _____ accrediting agency.

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.

Name of System/Institution _____

Mailing Address _____

City _____ State _____ Zip _____

Signature

Date