



CERTIFIED STAFF - Verification of Certified Work Experience

Forsyth County Schools - Human Resources – 1120 Dahlonega Highway Cumming, Georgia 30040 Fax: (770) 888-1121

Part A: To be completed by applicant and sent to previous employer. In order for experience credit to be granted for the current school year, the Verification of Certified Work Experience form must be received no later than the last working day of the current fiscal/school year.

By signing below, I authorize my former employer to complete this form and return it to my address / email / listed below.

Name - Last, First, MI (Maiden):		Signature:		Date:
Street Address	City and State	Email	Social Security Number:	

Part B: To be completed by authorized official. Please complete the following information and return this form to the employee at the address/email listed above. This information will be used to determine experience credit for salary purposes. Your assistance in establishing an accurate service record for this employee is appreciated.

School District/School: _____ State: _____ Accrediting Agency: _____

Please check: Public School Private School Other: _____

	Yes	No
Was a certificate/license required for this position?		
Was a contract required for this position?		
Did the employee have tenure in your system?		

Dates of Service (MM/DD/YY)		Number of Scheduled Days in Work Year	Number of Days Worked by Employee	Hours Per Week	Full or Part-Time	Position Held
From	To					

Did employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year of employment? Yes No

If yes, please indicate school year(s) and rating(s): _____

For GA Public Schools only: As of _____ (Date) _____ days of unused accumulated sick leave (maximum of 45 days) are herewith transferred, in accordance with O.C.G.A. 20-2-850, for inclusion in the permanent personnel record of the above-named employee. Sick leave can only be accepted if the transfer occurs within one year of the employee leaving a GA public school system.

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

Signature of Authorized Official _____ Printed Name of Authorized Official _____ Date _____

Title of Authorized Official _____ Business Email _____ Contact Phone Number _____

Return completed form to Employee