

Barrow County School System

Boldly Committed to Student Success



179 W. Athens Street
Winder, Georgia 30680
770-867-4527
678-425-2896 (FAX)



Chris McMichael, Ed.D.
Superintendent

Cynthia Beggs
Executive Director Planning and Personnel

TO: _____
School System or Institution

Street Address

City, State, Zip Code

FROM: Barrow County Board of Education

SUBJECT: Verification of Professional Employment

DATE: _____

The Individual whose name appears below has been employed by the named school system. In order to establish salary placement, it is necessary to verify previous professional employment. Page 2 provides the form for 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 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 Barrow County School System.

Signature Date

Please complete the appropriate section on page 2 and return to address below:

Executive Director of Human Resources

Barrow County Schools

179 W. Athens Street

Winder, GA 30680

Fax 678-425-2896

*****For experience to be considered for current year salary placement, this form MUST be received in Human Resources within 60 Days of initial hire date. Initial salary step is Salary Step E/Creditable Years of Experience 0 if no previous experience is documented*****

Verification of Professional Employment

A. Employee's Name _____ Social Security Number _____

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	Dates of Service		Total Days of Contract Year	Hours Per Day	Position	Type of Certificate Held (attach if Available)
	From	To				
Include experience with above Georgia System only. Use more than one line if there was a break in service.						

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

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

E. Accumulated sick leave eligible for transfer _____ days

F. State Merit Insurance – Employee was covered: _____ Single _____ Family
 _____ No Coverage _____ Standard _____ High Option _____ HMO

G. Did Employee receive an unsatisfactory annual evaluation? _____ Yes _____ No

H. Did Employee have tenure in the system? _____

I. Was Employee "advanced" on the Georgia pay scale? _____ No. Years advanced _____

Step last year (20-____ school year) _____ (indicate _____ Old or _____ New Step Column)

Out of State and Private Institutions

Institution/System	State	Time Actually Served		Total Days Each Year	Position
		Begin Date	End Date		

Total number of years employed in this institution/system _____

The named is a Public _____ Private _____ School and is fully accredited by _____ Department of Education
 and/or _____ accrediting agency. State

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/Institute _____

Mailing Address _____

City _____ State _____ Zip Code _____

Date _____ Authorized Official and Title _____