

TO BE COMPLETED BY EMPLOYEE

TO: _____

NAME OF COMPANY/BUSINESS

ADDRESS

CITY/STATE/ZIP

RE: VERIFICATION OF EMPLOYMENT (Classified)

I have been employed with Barrow County Schools, in the position of

In order to establish salary placement, it is necessary to verify previous employment in the area hired. Page 2 provides information needed for salary purposes. Thank you for this service to your former employee.

FIRST NAME	MIDDLE	LAST	(MAIDEN)
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_____	_____
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Name when employed by you if different from above

Social Security Number

Position when employed by your Company/Business

I hereby authorize you to release all information requested for verification of employment to the Barrow County School System.

Signature

Date

PLEASE COMPLETE PAGE 2 AND RETURN TO:

**Planning and Personnel
Barrow County Schools
179 W. Athens Street
Winder, GA 30680
Fax: 678-425-2896**

VERIFICATION OF EXPERIENCE
(EMPLOYER- PLEASE COMPLETE ALL BLANKS)

NAME OF EMPLOYEE _____

SOCIAL SECURITY NUMBER _____

Position	Employment		Days Worked	FT/PT	Hours Per Day
	From <i>Mo./Day/Yr.</i>	To <i>Mo./Day/Yr.</i>			

Description of Duties: _____

Reason for Leaving: _____

Did employee resign rather than being terminated? _____

Total number of years employed in this position: Years _____ Months _____

Accumulated sick leave days eligible for transfer (from Georgia School System Only): _____ Type of health insurance carried (with Georgia School System only) _____

What percentage of this job would apply to the position this employee has been hired to perform? _____

I certify that the information and the verification of experience listed above are complete and accurate according to the official records on file in this office.

Name _____ of _____ company/business _____

Phone number _____ (include _____ area code) _____

Address _____

City/State/Zip _____

Name _____

PLEASE PRINT OR TYPE

Signature _____

Title _____ Date _____