



**CERTIFIED EDUCATIONAL EXPERIENCE VERIFICATION FORM FOR TEACHING/SERVICE/LEADERSHIP**

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	
<b>AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO THE CHEROKEE COUNTY SCHOOL SYSTEM.</b>			
_____ <i>Employee E-mail Address</i>		_____ <i>Signature</i>	
		_____ <i>Date</i>	

**Employee: Please complete the above information ONLY and send this form to your previous employer for verification of the following information:**

**Employer: Use one line for each change in status. Please complete EACH section for experience to be considered.**

**Return completed form to the employee. Employee compiles and sends all verification forms to Cherokee County Schools, Office of Personnel Management.**

- This District/Institution is private  public  and was fully accredited during dates of service by the \_\_\_\_\_ Department of Education and/or \_\_\_\_\_.  
*State* *Name of Regional Accrediting Agency*
- Did Employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year since July 1, 2000?  Yes  No  
If yes, indicate school year(s) and rating(s): \_\_\_\_\_ *(If additional space is needed, please use back of form.)*

School District or Institution	State	Dates of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	Status		Hours per day	Position	Grade/Subject	Certification held at time of service (Yes/No)	Eligible for Immediate Re-employment (Yes/No)
		From M/D/Y	To M/D/Y			Full time	Part time					

**GEORGIA SCHOOL SYSTEMS ONLY**

<ul style="list-style-type: none"> <li>• The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850. _____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.</li> <li>• The employee named above was advanced <input type="checkbox"/> Zero <input type="checkbox"/> One <input type="checkbox"/> Two step(s) on the State Salary Schedule. Salary Step final year of employment _____ Years of Payroll Experience final year of employment _____</li> <li>• Number of years of experience granted from previous employer according to GA Department of Education regulations _____</li> <li>• State Health Insurance – The employee named above was enrolled for <input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Family coverage under the following option: <input type="checkbox"/> Gold HRA <input type="checkbox"/> Silver HRA <input type="checkbox"/> Bronze HRA</li> <li>• If this verification includes any pre-school teaching experience, was the program state funded? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Did this employee gain tenure status? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
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I certify that all information listed above is complete and correct according to the official records on file in the school system or institution providing this verification of employment.

\_\_\_\_\_  
*Signature of Superintendent or Authorized Official*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Area Code and Telephone Number*