

TO: _____
School System or Institution

Street Address

City/State/Zip

FROM: **Wayne County Board of Education**

SUBJECT: **Verification of Professional Employment**

DATE: _____

The individual whose name appears below has been employed by the Wayne County 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 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 Wayne County School System.

Signature

Date

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

Renee' W. Herrin Wayne County Board of Education 555 South Sunset Boulevard Jesup, GA 31545 FAX: 912-427-1004
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SEE REVERSE

**WAYNE COUNTY BOARD OF EDUCATION
Verification of Professional Employment**

A. Employee's Name _____

Social Security Number _____

B. To be completed by previous Georgia employer (Georgia public school system only). Please Complete All Sections.

Name of Verifying Georgia School System:	Dates of Service		Total Days Each Year	Hours Per Day	Position
	From Mo/Dav/Yr	To Mo/Dav/YR			
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 _____

F. Accumulated sick leave eligible for transfer _____ days

G. State merit insurance – Employee was covered _____ No Coverage _____ Single _____ Family
_____ Standard _____ High Option _____ HMO

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

I. Was Employee “advanced” on Georgia pay scale? _____ Yes _____ No

Placement on salary scale for _____ school year: Years of Creditable Experience _____ Salary Step _____

J. During the past five (5) years, did the individual receive satisfactory annual performance evaluations each year?
_____ Yes _____ No, List Year(s)

Out of State and Private Institutions

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

Total number of years employed in this institution/system _____

The above 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/Institution _____

Mailing Address _____
Street/P.O. Box _____ City _____ State _____ Zip _____

_____ Date

_____ Superintendent or Authorized Official

