



Dawson County Schools
Verification of Professional Employment

A. Employee Name: _____ Social Security Number: _____
FULL NAME WHEN LAST EMPLOYED BY THIS DISTRICT: _____

My Signature Authorizes the release of the following information:

TO BE COMPLETED BY PREVIOUS EMPLOYER SECTIONS B-K

B. Name of Verifying Georgia School System: _____

State in which System is located _____

From: Mo/Day/Year	To: Mo/Day/Year	Total Days Each Year	Hours Per Day	Position	Subjects/Grades Taught

C. Was the School Regionally Accredited During Time of Service ____ Yes ____ No

a. Name of Accrediting Agency _____

D. 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.

E. Total of experience verified above (B and D) _____ years _____ months _____ days

F. How was the employee paid on the Georgia pay scale?
Salary Step _____ Years of Creditable Service _____ Level of Certification _____

G. Was the employee "advanced" on the Georgia pay scale? ____ Yes ____ No

H. Did the employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation within the last 5 years? (if yes, please indicate which school year(s) and what ratings(s): _____)
Use another sheet of paper if more space is required.

I. GEORGIA SCHOOL SYSTEM ONLY: This is to certify that the following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the former employee named above in accordance with OCGA 20-2-850. As of _____, ____ days of accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above-named employee.

J. Final Deduction Date for Health Insurance _____

K. State Health Benefit Plan Information:

a. Option _____ Tier: _____ T/B Surcharge: Y or N

I certify that the information and verification of professional experience listed above is complete and accurate according to the official records on file in this school system.

Name of person completing the form: _____ Phone: _____

Mailing Address: _____

Signature: _____

Return from to: Dawson County School System, Human Resources, 28 Main Street, Dawsonville, GA 30534 or
Email form to samantha.hughes@dawson.k12.ga.us