

DAWSON COUNTY PUBLIC SCHOOL  
 VERIFICATION OF EMPLOYMENT/EXPERIENCE

To Be Employed As:  
 Position \_\_\_\_\_

TO BE COMPLETED BY EMPLOYEE:

EMPLOYEE'S NAME \_\_\_\_\_ FULL NAME WHEN LAST EMPLOYED BY THIS ORGANIZATION \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DOB \_\_\_\_\_  
 My Signature Authorizes Release of the Following Information: \_\_\_\_\_

TO BE COMPLETED BY PREVIOUS EMPLOYER:

USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN STATUS - - CLEARLY IDENTIFY LEAVE OF ABSENCE PERIODS

School District Or Institution (Please Specify School Name)	STATE	Dates of Service		Days in Full Contract Yr	Contract Days Employed	Status		Hours Per Day	Position	Grades & Subjects Taught Major Portion of Day*	Professional Certification	
		From Mo/Day/Yr	To Mo/Day/Yr			Full Time	Part Time				Yes	No

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. Did the employee have tenure in your system? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Was the School Regionally Accredited During Time of Service \_\_\_\_\_ No \_\_\_\_\_ Yes, Type \_\_\_\_\_  
 Was Employee advanced on Georgia Salary Schedule? \_\_\_\_\_ No \_\_\_\_\_ Yes, Step last year \_\_\_\_\_ (Indicate \_\_\_ Old \_\_\_ New Step Column)

\*If Special Education was taught, please identify the exact type of child served, (i.e. BD, LD, MR, etc.)

TO BE COMPLETED FOR TEACHERS, ADMINISTRATORS AND BUS DRIVERS:

GEORGIA SCHOOL SYSTEM ONLY - This is to certify 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 O.C.G.A. 20-2-850. As of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.

TO BE COMPLETED BY PREVIOUS EMPLOYER:

I certify that the above-listed verification of professional experience *omits* per diem *substitute* experience and clearly *identifies* leave of absence periods. I further certify all information listed 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

Date

Mailing Address

PLEASE RETURN COMPLETED FORM TO: DAWSON COUNTY PUBLIC SCHOOLS, PERSONNEL DEPARTMENT  
 28 MAIN STREET, DAWSONVILLE, GA 30534