TO:

_____

SUPERINTENDENT/SCHOOL SYSTEM

_____

STREET ADDRESS

_____

CITY, STATE, ZIP CODE

FROM: UNION COUNTY SCHOOL SYSTEM
124 HUGHES STREET
BLAIRSVILLE, GA 30512

FAX: 706-745-5025
ATTN: Karen Bundy

RE: VERIFICATION OF PROFESSIONAL EMPLOYMENT

The individual whose name appears below has been employed by the Union County School System. In order to establish correct Georgia certification and salary placement, it is necessary to verify previous professional employment. On the reverse side of this form, it is requested that verification be provided for the professional employment in your school system. Your assistance in establishing a correct service record for this employee will be appreciated.

DATA NEEDED BY THE ORGANIZATION PROVIDING THE VERIFICATION OF EMPLOYMENT

_____ _____

First Name Middle Last SS No.

_____ _____

Date of Employment Position

_____

Name of School(s) and/or Department(s)

Authorization is granted to release all information requested in the "Verification of Employment" to the Union County School System.

_____ _____

SIGNATURE DATE

A. EMPLOYEE NAME:_____ SS NO._____

B. TO BE COMPLETED BY PREVIOUS EMPLOYER (**GEORGIA PUBLIC SCHOOL SYSTEM ONLY**)

NAME OF VERIFYING GEORGIA SCHOOL SYSTEM:_____

FROM MM/DD/YYYY	TO MM/DD/YYYY	TOTAL DAYS EACH YEAR	HOURS PER DAY	POSITION

C. This teacher was granted_____years prior experience from other schools and/or systems in accordance with the Georgia Department of Education regulations upon employment with the above named verifying school system.

D. Total experience verified (B & C) _____years_____months_____days

E. Teaching Certificate Type _____(please attach a copy if available)

F. Accumulated Sick Leave Eligible for Transfer _____days

G. State Health Insurance: Employee was covered ( )EE ( )EESP ( )EECH ( )FAM ( )No Insurance
Plan: ( )Bronze ( )Silver ( )Gold Tobacco Surcharge: ( )yes ( )no

H. Did employee have tenure? ( )yes ( )no

I. Was employee "advanced" on Georgia pay scale? ( )yes ( )no Step last year _____

INSTITUTION	STATE	SERVICE FROM MM/DD/YYYY	SERVICE TO MM/DD/YYYY	TOTAL DAYS EACH YR	POSITION

TOTAL NUMBER OF YEARS EMPLOYED IN THIS INSTITUTION/SYSTEM: _____
THE ABOVE NAMED IS A PUBLIC/PRIVATE SCHOOL: _____
ACCREDITED BY: _____

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 _____

ADDRESS _____

CITY _____STATE_____ZIP CODE_____

SUPERINTENDENT OR AUTHORIZED OFFICIAL_____

DATE_____