

WARE COUNTY BOARD OF EDUCATION

1301 Bailey Street
Waycross, GA 31501

Phone: 912-283-8656
FAX: 912-283-8698

TO: _____
School System or Institution

Street Address

City, State, Zip Code

FROM: _____ Board of Education

SUBJECT: Verification of Professional Employment

DATE: _____

The individual whose name appears below has been employed by the above named 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 for 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 Position School or Department

I hereby authorize you to release all information requested for Verification of Employment to the
_____ School System.

Signature _____ Date _____

PLEASE COMPLETE THE APPROPRIATE SECTION ON THE REVERSE SIDE AND RETURN TO THE WARE COUNTY BOARD OF EDUCATION, 1301 BAILEY STREET, WAYCROSS, GA 31501.

Ware County Board of Education Verification of Professional Employment

A. Employee's Name _____ Social Security Number _____

To be completed by previous Georgia employer (Georgia public school system only).
PLEASE COMPLETE ALL SECTIONS B-I

B.

Name of Verifying Georgia School System	Date of Service		Total Day Each Year	Hours Per Day	Position
	From Mo/Day/Yr	To Mo/Day/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 _____ (attach a copy if available)

F. Accumulated sick leave eligible for transfer _____ days

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

H. Did Employee have tenure in the system? ___ Yes ___ No

I. Was Employee "advanced" on Georgia pay scale? ___ Yes ___ No

Step last year _____ (indicate ___ Old or ___ New Step Column)

Out of State and Private Institutions

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

Total number of years employed in this institution/system _____ The above name is ___ Public ___ Private

School is fully accredited by _____ Department of Education and/or _____ accrediting agency.

I certified 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 _____ City _____ State _____ Zip _____

Superintendent or Authorized Official _____ Date _____