

MURRAY COUNTY SCHOOLS VERIFICATION OF EMPLOYMENT/ EXPERIENCE FORM

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	

Authorization is granted to release all information requested below to the Murray County School System

_____ Signature _____ Date

Employee: Please fill out the above information ONLY and send this form to your previous employer to verify the information requested below.

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

SCHOOL DISTRICT OR INSTITUTION	STATE	DATE OF SERVICE		Type of School Accreditation During Dates of Service	Days in Full Contract Year	Contract Days Employed	STATUS		HOURS PER DAY	Job title/Grades & Subjects Taught Major Portion of Time	Professional Certification Yes/No/Type
		FROM MM/DD/YY	TO MM/DD/YY				FULL TIME	PART TIME			

- The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850. _____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.
- The employee named above was granted _____ years prior experience from other schools and/or systems in accordance with GA DOE regulations upon employment with the above named verifying school system.
- Years of Payroll Experience final year of employment _____ (step _____).

I certify that all information listed above 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

Street Address City State Zip Code

Date

Area Code and Telephone Number

Please forward this completed verification to:

Murray County Schools
Daniel Dunn
Director of Personnel
P. O. Box 40
Chatsworth, GA 30705

Official Seal of School District: