

Murray County School District Experience Verification 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 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

SCHOOL DISTRICT OR INSTITUTION	DATE OF SERVICE		Accrediation During Dates of Service	Days in Full Contract Service	STATUS		HOURS PER DAY	POSITION	Professional Certification Yes/No/Type
	FROM MM/DD/YY	TO MM/DD/YY			FULL TIME	PART TIME			

GEORGIA SCHOOL SYSTEMS ONLY

The following is an accurate record of unused 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.

Employee was advanced ___ Zero ___ One ___ Two step(s) on the State Salary Schedule. Salary step final year of employment _____. Years of payroll experience final year of employment _____.

State Health Insurance - The employee was enrolled for ___ None ___ Single ___ EE + Child ___ EE + Sp ___ Family Coverage

Enrolled under the following option: _____

Did this employee receive an unsatisfactory performance evaluation for any year since July 1, 2000? ___ Yes ___ No

Date of last deduction: _____

Premium Amount: _____

I certify that all information listed above is complete and correct according to the official records on file in the school system or insitution providing this verification of employment

Signature of Superintendent or Authorized Official	Title
Date	

Street Address	City, State	Zip Code
Phone Number		

Please forward this completed verifaciton to:	Murray County Public Schools sydney.ledford@murray.k12.ga.us P.O. Box 40 Chatsworth, Georgia 30705
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