

**QUITMAN COUNTY PUBLIC SCHOOLS
P.O. Box 248 Georgetown, Georgia 39854**

PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

Employee Please complete this section and submit it to your most recent employing school system:

EMPLOYEE'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
SCHOOL SYSTEM	POSITION	DATES WORKED (FROM - TO)

I authorize you to release my employment records to the Quitman County Board of Education.

Signature of Employee Date

Former employer Please complete this form and mail or fax to: Quitman County B.O.E. Attn, Shirley Gilbert
P.O. Box 248 Georgetown, GA 39854
229-334-2109

TO BE COMPLETED BY AUTHORIZED OFFICIAL

(Employee should not complete any portion of the information below)

School District / School _____ **State:** _____

Dates of Service From - To	# of Days in Contract Year	# of Days Worked	Hours per Week	Position Held

Total years of service verified (prior to and including service in your school system): _____

Is this a Public School System within the United States? Yes ___ No ___

Was Employee under contract during the dates listed? Yes ___ No ___

Is this a Private School System? Yes ___ No ___ If yes, was a contract required? Yes ___ No ___

SPECIAL INSTRUCTIONS (GEORGIA SCHOOL SYSTEMS ONLY)

Placement on Georgia Salary Schedule for last year in your system: STEP: _____ YEARS: _____ <p align="center"><u>TRANSFER OF UNUSED SICK LEAVE</u></p> As of (date) _____ (# of days) _____ days of unused accumulated sick leave are herewith transferred, in accordance with O.C.G.A. 20-2-850, for inclusion in the permanent personnel record of the above-named employee.
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I CERTIFY THAT ALL INFORMATION LISTED ABOVE IS COMPLETE AND CORRECT ACCORDING TO THE OFFICIAL RECORDS ON FILE IN THE SCHOOL SYSTEM PROVIDING THIS VERIFICATION OF EMPLOYMENT.

Signature of Authorized Official Date

Print Name Title of Authorized Official