



CARROLLTON CITY SCHOOLS
THE GOLD STANDARD

Board of Education
Request for Verification of Professional Employment

To: _____
School System of Institution

Mailing Address

City State Zip Code

The Carrollton City Schools System has employed the individual whose name appears below. In order to establish placement, it is necessary to verify previous professional employment. The reverse of this page provides the form for the information for salary purposes and other employee benefits. Thank you for this service to your former employee.

TO BE COMPLETED BY EMPLOYEE

First Name Middle Name Last Name

Maiden Name Name when employed by you, if different from above SSN#

Date(s) of Employment School or Department

Position

I hereby authorize you to release all information requested on the second page of this form to the Carrollton City Schools System.

Signature

Date

The second page of this form is to be completed by the school system or institution and returned to:

Payroll Department
Carrollton City Schools Board of Education
106 Trojan Drive
Carrollton, GA 30117

Verification of Professional Employment

A. Employee's Name _____ SSN# _____ Teacher Retirement Number _____

B. **Georgia Public School System ONLY.** Name of verifying school system: _____
 Include experience with the above listed system only. Use more than one line if there was a break in service. *For experience in a private school, please complete section J.*

School Name	Dates of Service		Days in full contract year	Contract days employed	Sate Hours: FT/PT per day	Position
	To MM/DD/YY	From MM/DD/YY				

C. This educator was granted _____ actual years of prior experience from other school(s) and/or systems in accordance with Georgia Department of Education Regulations upon employment with the above named verifying system.

D. Total actual years of experience above (B & C) Years _____ Months _____ Days _____

E. Educator certificate type (Attach copy if available) _____

F. Accumulated sick leave eligible for transfer _____ (Georgia Public Schools Only)

G. State Health Insurance Coverage:
 Employee was enrolled for None Single Family Employee & Spouse Employee & Child(ren)
 PPO HMO INDEM Surcharges Tobacco Tobacco Spouse
 What date will benefit coverage end? _____ Will benefit coverage be deducted from last paycheck? Yes No

H. Did this employee have tenure in your school system? Yes No

I. Was this employee "advanced" on the Georgia Teacher Salary Schedule? Yes No Old or New step column
 During the 20__ - _____ school year, what was the employer's salary step (_____) and the years of creditable experience (_____) on the state salary scale?

J. Out of State and Private Institutions ONLY.

Institution/System Name	State	Time Actually Served		Total Days Each Year	Position
		Begin MM/DD/YY	End MM/DD/YY		

Total number of year(s) employed in above named institution/system _____ The above named institution/system is a () public/() private school and is fully accredited by _____ State Department of Education and/or _____ accrediting agency.

I certify that the information and the verification of professional experience listed above are complete and accurate according to the official records on file in this school system.

Name of System/Institution _____ Phone Number _____

Mailing Address _____ City _____ State _____ Zip Code _____

Superintendent or Authorized Official _____ Title _____ Date _____