

WALTON COUNTY SCHOOL DISTRICT
200 Double Springs Church Road, Monroe, GA 30656
Phone: 770-266-4520 ~ Fax: 770-266-4415

(To be completed by employee)

Employee's Name _____ SSN _____ Birth Date _____

I understand that it is my responsibility to ensure Verification of Professional Employment forms have been received from previous employers. I understand that certain benefits will be calculated on the salary as of July 30 or years of experience verified at the time of benefits orientation. I understand that Verifications of Employment received after October 1 will be used to calculate salary for the next school year. Verifications of Employment received in one school year cannot be used to calculate past year's salary. Retroactive salary will not be given for previous school year(s).

Signature: _____ Date: _____

SPECIAL INSTRUCTIONS:

The sections below are to be completed by the previous employer. Use one line for each academic year or change in status. Do not include leave of absences periods. The individual whose name appears above has been employed by the Walton County School District. In order to establish salary placement, it is necessary to verify previous professional employment. Your assistance in establishing a correct service record for this employee will be appreciated. (EACH SECTION MUST BE COMPLETED FOR THIS EXPERIENCE TO BE CONSIDERED.)

School District or Institution	State	Dates of Service from Mo/Day/Yr	Dates of Service to Mo/Day/Yr	Indicate Accrediting Agency During the Dates of Service	Number of Days in Full Contract Year	Number of Contract Days Employed	Status (Full Time or Part Time)	Hours Per Day	Position	Grade/Subject	Certification held at time of service (Yes/No)	Voluntary Separation (Yes/No)	Eligible for Immediate Re-Employment (Yes/No)

THE FOLLOWING INFORMATION TO BE SUBMITTED BY GEORGIA SCHOOL SYSTEMS ONLY

- This is to certify that the following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the former employee named above in accordance with O.C.G.A. Section 20-2850. As of _____, 20_____, _____ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personal record of the above named employee.
- The employee named above 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 named above was enrolled for _____ None _____ Single _____ Family coverage under the following option:
 _____ Standard PPO _____ PPO Choice _____ High Option _____ HMO Option
- Did this employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year _____ since July 1, 2000? _____ Yes _____ No
 If Yes, indicate year (s) _____ Rating _____
- If this verification includes any pre-school teaching experience, was the program state funded? _____ Yes _____ No _____ Not Applicable
- Did employee gain tenure status? _____ Yes _____ No

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 _____ Street Address _____ City _____ State _____ Zip Code _____

Title _____ Date _____ Area Code and Telephone Number _____