



**GAINESVILLE CITY SCHOOLS
VERIFICATION OF PROFESSIONAL EMPLOYMENT**

Employee's Name: _____ Social Security #: _____

Previous System (Name and Address): _____

Employee Release Approval: _____ Date: _____

To be completed by previous Georgia employer (Georgia Public School Systems only). Please complete all sections A-I.

A.

Verifying Georgia School System	Dates of Service		Total Days Each Year	Hours Per Day	Position
	From	To			

Use more than one line if there was a break in service.

B. This teacher was granted _____ years of prior experience from other schools and/or systems in accordance with Georgia Department of Education regulations upon employment with the above named verifying system.

C. Total of experience verified above (A and B) _____ Years _____ Months _____ Days

D. Teaching certificate type _____ (Attach a copy if available)

E. Was employee advanced on Georgia Pay Scale? _____ Yes _____ No State Step during last year of employment

F. Did employee have tenure in the system: _____ Yes _____ No

G. What was employee paid during last contract? _____ Certificate Level _____ Yrs. Of Experience

H. Accumulated sick leave eligible for transfer _____ days

I. State health insurance-Employee was covered:

Level: _____ Single _____ EE+Ch _____ EE+Sp _____ Family _____ No coverage

Vendor: _____ BCBS _____ UHC _____ Kaiser

Type: _____ HRA _____ HMO _____ HDHP _____ Other

To be completed by previous employers (Out of state and private institutions only). Please complete all sections J-L

J.

Institution/System	Dates of Service		Total Days Each Year	Hours Per Day	Position
	From	To			

K. Total numbers of years employed in this institution _____

L. The above name is _____ public _____ private school and is fully accredited by _____ Dept. 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.

Signature and Title _____ Telephone Number _____ Date _____

Please return to: **Human Resources**
Gainesville City Schools
508 Oak Street
Gainesville, GA 30501
Phone: 770-536-5275 Fax: 770-287-2019