

**Towns County Schools**  
**Verification of Professional Employment Request**

**Return to:**

Employee's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- To be completed by previous employer(s) and signed by Personnel Office or Superintendent.
- Use more than one line if there was a break in the service.
- Send Completed form back to employee; employee then sends form to Towns County Schools Personal Department, 67 Lakeview Circle- Suite C, Hiawassee, GA 30546.

A.

Name of Verifying School System/Institution	Date of Service		Total days each year	Hours per day	Position
	From: Mo/Day/Yr	To: Mo/Day/Yr			

B. The above listed school system/institution was fully accredited by \_\_\_\_\_ accrediting agency/agencies.

**Sections C through K should be completed by Georgia Employers only**

C. Educator was granted \_\_\_\_\_ actual years of **prior** experience from other institutions and/or systems in accordance with Georgia Dept. of Education regulations upon employment with the above named verifying system.

D. Total of actual years of experience verified above ( A and C) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

E. Total salary years of experience during the last year \_\_\_\_\_

F. Was employee "advanced" on Georgia pay scale Yes No  
 Step during the last year \_\_\_\_\_ (Indicate Old or New Step Column)

G. Did employee receive an unsatisfactory, ineffective, or need development annual summative performance evaluation for any year Since July 1, 2000? Yes No

(If, yes please indicate which school year(s) and what rating(s): \_\_\_\_\_)  
 Use back of form if more space is required.

H. Teaching certificate type during service \_\_\_\_\_(attach a copy if available)

I. Employee was under contract during service. Yes No

J. Unused accumulated sick leave eligible for transfer \_\_\_\_\_ days.

K. State Health Insurance- Employee was enrolled for: **(None) (Emp) (Emp/Child) (Emp/Sp) (Family)**  
 Coverage under the following option: **Gold HRA Silver HRA Bronze HRA**

L. Tobacco \_\_\_ No Tobacco \_\_\_

M. Did employee have tenure in your system? Yes No

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

\_\_\_\_\_  
**Superintendent or Personnel Officer**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Date**

