

**Marion County Board of Education
Request for Verification of Professional Employment**

To: _____
School System or Institution

Mailing Address City State Zip Code

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

To Be Completed by Employee

First Name Middle Name Last Name

Name when employed, if different from above Social Security Number

Date(s) of Employment School or Department

Position

Please check the appropriate option below:

() I was NOT employed by a Georgia Public School System or other Georgia employer under the State Health Benefit Plan for 20____ - _____ school year.

() I WAS employed by a Georgia Public School System or other employer under the State Health Benefit Plan for the 20____ - _____ school year. (If you checked this box, please answer the following questions.)

1. What is the name of the school system or agency you were employed with during the 20____ - _____ school year?

2. When will you receive your last paycheck for the 20____ - _____ school year?
Please circle either: **End of July** OR **End of August**

3. Will benefit coverage be deducted from your last paycheck? _____

4. What date will your benefit coverage end? _____

I understand that if my Marion County School System employment should end at the close of the 20____ - _____ school year and if I am on the August through August pay cycle, my last paycheck will be issued August 31, _____ and that my benefits will be effective through September 30, _____. I hereby authorize you to release all information requested on the second page of this form to the Marion County School System.

Signature

Date

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

**Payroll Department
Marion County Board of Education
P. O. Box 391
Buena Vista, GA 31803**

A. Employee's Name _____ Social Security # _____ Date of Birth _____
 Address _____ City _____ State _____ Zip _____

B. To be completed by school system. Name of verifying school system _____
 Include experience with the above named system only. Use more than one line if there was a break in service. For experience in a private school, please attach a brief description of the school, i.e., type of curriculum, grade and/or age levels of instruction and accreditation status.

School District and School Name	State	Dates of Service		School Accreditation Status during the Dates of Service, Indicate Yes/No & Type	Days in full Contract Year	Contract Days Employed	State Hours		Position	Grades and Subjects taught major portion of the time	Professional Certification Yes/No & Type
		From	To				Full Time	Part Time Per Day			

Sections C through H should be completed by Georgia Employers only.

- 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 and C) _____ Years _____ Months _____ Days
- E. Accumulated sick leave for transfer _____ Days (Georgia Public Schools only)
- F. State Health Insurance Coverage: Employee was enrolled for: () None () Single () Family () Employee & Spouse () Employee & Child(ren)
 Option: _____ Surcharges: _____ (Tobacco/Spouse)
- G. Did this employee have tenure in your school system? _____
- H. Was this employee "advanced" on the Georgia Teacher Salary Schedule? Yes/No
 () Old or () New step column
 During the 20____ - _____ school year, what was this employee's salary step (_____) and the years of creditable experience (_____) on the state salary scale?

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