

CERTIFIED STAFF - Verification of Certified Work Experience

Pickens County School District - Personnel Department 100 D. B. Carroll St., Jasper, GA 30143 jodiewilson@pickenscountyschools.org Tel: (706)253-1700 Fax: (706)253-0241

Part A: To be completed by applicant and sent to previous employer. In order for experience credit to be granted for the current school year, the Verification of Certified Work Experience form must be received no later than the last working day of the current fiscal/school year.

*By signing below, I authorize my former employer to complete this form and return it to the to the PCSD address / **email** / fax listed above.*

Full Name:	Signature:	Date:
Position with PCSD:	PCSD Work Location:	SSN:

Part B: To be completed by authorized official. Please complete the following information and **return this form to the address/email/fax number listed above.** This information will be used to determine experience credit for salary purposes. Your assistance in establishing an accurate service record for this employee is appreciated.

School District/School: _____ State: _____ Accrediting Agency: _____

Please Circle: Public School Private School Other:

	Yes	No		Yes	No
Was a certificate/license required for this position?			<i>For PreK teachers only:</i> Was the PreK program state-funded? (Head Start, etc.) <i>For Colleges and Universities Only:</i> How many hours per quarter/semester did employee teach?		
Was a contract required for this position?					
Was the employee under contract?					
Did the employee have tenure in your system (GA)?					

Dates of Service - (MM/DD/YY)		Number of Scheduled Days in Work Year	Number of Days Worked by Employee	Hours per Week	Full Time	Part Time	Position Held	GA Public Schools Only: Type and Level of Certificate Held
From	To							

Total Years experience verified above: _____ **Years** _____ **Months** _____ **Days**

Yes	No

Did employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year of employment?

If yes, please indicate school year(s) and rating(s):

For GA Public Schools only: As of _____ (Date) _____ days of unused accumulated sick leave (maximum of 45 days) are herewith transferred, in accordance with O.C.G.A. 20-2-850, for inclusion in the permanent personnel record of the above-named employee. Sick leave can only be accepted if the transfer occurs within one year of the employee leaving a GA public school system.

Final Year of Employment: _____ Years of Payroll Experience: _____ State Salary Schedule Step _____

State Health Benefit Insurance (Please circle): None Plan Tier Date of Last Deduction: _____

I certify that all information listed above is complete and correct according to the official records of the school system or institution providing this verification of experience.

Signature of Authorized Official _____ Printed Name of Authorized Official _____ Date _____

Title of Authorized Official _____ Business Email _____ Contact Telephone Number _____

Please forward this completed verification to: Pickens County School District - Personnel Department 100 D. B. Carroll St., Jasper, GA 30143 jodiewilson@pickenscountyschools.org Tel: (706)253-1700 Fax: (706)253-0241

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