

TROUP COUNTY SCHOOLS CERTIFIED EXPERIENCE VERIFICATION FORM

Part I. *To be completed by applicant.*

Employee's Name: _____ Social Security Number: _____ Birth Date: _____

Address: _____ State: _____ Zip Code _____

Please furnish the Troup County School System the information requested below. Signature: _____ Date: _____

Part II. *To be completed by the current or previous employer (Superintendent, Headmaster, Agency Director or Designated Personnel Officer)*

Please note that only full-time college experience for which academic rank was held can be accepted, if verifying college employment.

School District or Institution	State	Dates of Service		School Accreditation Status	Number Days in One Full Contract Year	Number Contract Days Employed	Status Hours			Position	Grades/Subject Certificate Type
		From Mo/Dy/Yr	To Mo/Dy/Yr				Full Time	Part Time	Per Day		

For Georgia School Systems Only:

- Accumulated Sick Leave Eligible for Transfer: _____ Days.
- Did the employee have tenure in your system? () Yes () No
- State Health Insurance Coverage- BCBS HRA: () Gold () Silver () Bronze; () BCBS HMO; UHC: () HMO () HDHP; () None
 - () Employee Only; () Employee/Spouse; () Employee/Children; () Family; () Tobacco Surcharge
- Did the employee receive an unsatisfactory, ineffective or needs improvement performance evaluation for any year since July 1, 2000? () Yes () No
 If yes, please attach a copy of evaluation(s).
- Salary Certificate Advancement – The former employee was paid based on State Salary Step _____/ _____ years experience during the last year of employment.

Part III. *I certify that this verification of professional experience omits leave of absence periods. I further certify that all information listed is complete and correct according to the official records on file in the school system or institution providing this verification of employment.*

 Signature of Authorized Official Address City State Zip Code Phone Number (_____)_____

 Title Date

*If special education was taught, please identify the disability served (e.g. BD, LD, MR, Cross-Categorical, etc.).

Please return this form to:
Troup County School System
P.O. Box 1228
LaGrange, GA 30241
FAX: 706-845-4380