

## HALL COUNTY SCHOOL SYSTEM - PROFESSIONAL SCHOOL EXPERIENCE VERIFICATION FORM

<b>Employee's Full Name</b>		<b>Street Address</b>	
<b>Social Security Number</b>		<b>City and State</b>	
<b>Date of Birth</b>		<b>Zip Code</b>	

Authorization is granted to release all information requested below to the Hall County School System

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**INFORMATION BELOW IS FOR OFFICIAL SCHOOL SYSTEM USE ONLY**

**PLEASE USE ONE LINE FOR EACH ACADEMIC YEAR OR CHANGE IN EMPLOYEE STATUS.**

SCHOOL DISTRICT OR INSTITUTION	DATE OF SERVICE		Type of School Accreditation During Dates of Service	Days in Full Contract Year	Contract Days Employed	STATUS		HOURS PER DAY	POSITION	Grades and Subjects Taught Major Portion of Time	Professional Certification (Yes or No) and Type of Certificate
	FROM MM/DD/YY	TO MM/DD/YY				FULL TIME	PART TIME				

**GEORGIA SCHOOL SYSTEMS ONLY**

- The following is an accurate record of unused accumulated sick leave accrued after July 1, 1978, and credited to the employee named above in accordance with O.C.G.A. 20-2-850. \_\_\_\_\_ days of unused accumulated sick leave are herewith transferred for inclusion in the permanent personnel record of the above named employee.
  - The employee named above was advanced  Zero  One  Two step(s) on the State Salary Schedule. ♦ Salary Step final year of employment \_\_\_\_\_ ♦ Years of Payroll Experience final year of employment \_\_\_\_\_
  - Did this employee receive an unsatisfactory, ineffective or needs development rating on an annual performance evaluation?  Yes  No (If yes, please indicate which school year(s) and what rating(s) \_\_\_\_\_)
- 
- Did employee have tenure in your system?  Yes  No
  - If this verification includes any pre-school teaching experience, was the program state lottery funded?  Yes  No  Not Applicable

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

\_\_\_\_\_  
Signature of Superintendent or Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Code and Telephone Number

\_\_\_\_\_  
Email Address

Please forward this completed verification to:  
 Charlene Young, Personnel Manager  
 Hall County School System  
 711 Green Street, N.W.  
 Gainesville, Georgia 30501-3368  
 FAX: 770-536-3777; PHONE: 770-534-1080  
[charlene.young@hallco.org](mailto:charlene.young@hallco.org)

Revised 10/2014