

Fax to Jenifer Adkins at 706-965-8930
or email jadkins@catoosa.k12.ga.us

Catoosa County Public School System
CERTIFIED PROFESSIONAL EXPERIENCE VERIFICATION FORM

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	

AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO CATOOSA COUNTY PUBLIC SCHOOLS.

SIGNATURE

DATE

Employee: Please complete the above information **ONLY** and send this form to your previous employer to verify the information requested below.

PLEASE FILL IN ALL INFORMATION REQUESTED BELOW														
1 All college experience <u>must include/specify academic rank held</u> . Employee must have held a Master's degree at the time of the experience, and only full time experience will be considered.														
2 Use one line for each academic year or change in status-do not include leave of absence periods.														
School District or Institution	State	Dates of Service		Number of Days in Full Contract Year	Number of Contract Days Employed	STATUS		Hours per Day	Position	Grades & Subjects Taught Major Portion of Time	Professional Certification			Ratings on Performance Reviews
		FROM mm/dd/yy	TO mm/dd/yy			FT	PT				Yes	No	Type	
														<input type="radio"/> Satisfactory <input type="radio"/> UnSatisfactory
														<input type="radio"/> Satisfactory <input type="radio"/> UnSatisfactory
														<input type="radio"/> Satisfactory <input type="radio"/> UnSatisfactory
														<input type="radio"/> Satisfactory <input type="radio"/> UnSatisfactory
														<input type="radio"/> Satisfactory <input type="radio"/> UnSatisfactory
														<input type="radio"/> Satisfactory <input type="radio"/> UnSatisfactory

This District/Institution is: Private ___ Public ___ and was fully accredited during the dates of sevice by the _____ Department of Education and/or _____.
State Name of Regional Accrediting Agency

For Georgia Systems Only:
 Pay Step: Was employee advanced on GA pay scale **YES NO** (circle one)
 Accumulated sick leave eligible for transfer: _____ days
 State Health Insurance: **Emp Emp/Sp Emp/Ch Family None** (circle one)
 Last payroll check/insurance deduction month: _____

Step Last Year Employed: **State Actual** _____
 Did employee have tenure? **YES NO** (circle one)
 Which Plan, if applicable: _____

I certify that this verification of professional experience omits leave of absence periods. I further 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.

Printed Name of Authorized Official	Address	City, State and Zip Code
Signature of Authorized Official	Title	Phone Number
		Date