



Verification of Work Experience for Salary Credit

This process must be followed in order to receive salary credit for previous work experience.

- **Previous work experience must be verified for salary purposes.** Without verified experience you may be placed at the entry-level salary for your position.
- You will be provided with the appropriate Verification of Experience form(s) at Employee Benefits Orientation. You may also access the form(s) online at www.jefferson.k12.ga.us/Department/Business.
 - Complete Part A of the form.
 - Send the form off to all previous employers with whom you have related work experience.
 - Your previous employer(s) must return the form to the Payroll Office upon completion. Instructions are provided on the form.
- Once received by Payroll, your prior work experience will be evaluated as it relates to your position, and salary credit will be granted where appropriate.
- If no completed experience forms are received prior to the payroll period cut-off, your salary may be set at the entry-level rate for your position. If completed forms are received after the payroll period cut-off, your work experience will be processed for the following payroll period, retroactive to your start date. If completed forms are received after June 30th of the current fiscal/school year, your experience will be applied beginning with the start date of the next fiscal/school year.
- If you do not have prior work experience, you do not need to complete the Verification of Work Experience process.

Jefferson County Board of Education
Authorization to Release Information

ALL INFORMATION ON THIS PAGE IS TO BE PROVIDED BY THE EMPLOYEE
COMPLETE ONE FORM FOR EACH DISTRICT/EMPLOYER

PART A

The individual whose name appears below has been employed by Jefferson County BOE. In order to establish correct salary placement, it is necessary to verify previous employment. This is to request completion of Part B of this form verifying the individual's employment in your organization. Your assistance in establishing a correct service record for this employee is appreciated.

Address of Organization to Provide the Experience Verification
Superintendent or Authorize Personnel:
Name of Organization:
Street Address:
City/State/Zip:

Data Needed by the Organization Providing the Experience Verification:			
First Name	Middle Name	Maiden Name	Last Name
Full Name When Last Employed with Organization:			
Social Security Number:			
Dates of Employment:			
Position(s) Held:			
Name of School(s) and/or Department(s)			

Authorization is granted to release to Jefferson County BOE all information requested in the Verification of Experience form.

Signature

Date

PART B. EMPLOYEE'S NAME _____ **SOCIAL SECURITY #:** _____

To be completed by authorized official. Please complete the following information and return to the address/fax number or email listed above.

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

Please check: Public School Private School Other: _____ Date of Last Paycheck: _____

Was a certificate/license required for this position? Yes No
 Was a contract required for this position? Yes No
 Was the employee under contract? Yes No
 Did the employee have tenure in your system? Yes No

For Pre-K teacher only: Yes No
 Was the Pre-K program state funded? (Head Start, etc.)
For college/university:
 How many hours per quarter/semester did employee teach? _____

Dates of Service (MM/DD/YY)		Total of Days in Contract Year	Number of Contract Days Employed	Status Hours			Position Held	Grade/Subject	GA Public Schools Only: Type and Level of Certification Held	Performance Rating Satisfactory/Unsatisfactory
From	TO			Full Time	Part Time	Per Day				

THE FOLLOWING INFORMATION TO BE SUBMITTED BY GEORGIA SCHOOL SYSTEMS ONLY

- a) This teacher was granted _____ years prior experience from other schools and/or systems in accordance with GADOE regulations.
- b) Total experience with verifying system _____ years, _____ months, _____ days.
- c) Total experience verified (a+b) _____ Employee had _____ actual years/ _____ creditable years _____ Salary Step (shown on last contract).
- d) State Health Benefit Plan? _____ Tier _____ Total Deduction _____ Date of last deduction: _____
- e) Accumulated sick leave eligible for transfer: _____ days.

I certify that the above listed verification of experience omits leave of absence periods. I further certify the all information listed is complete and correct according to the official records on file.

 Signature of Superintendent or Authorized Official Title Date

 Print Name

 Address Area code/Phone Number