

**CLASSIFIED EXPERIENCE VERIFICATION FORM**

Employee's Name		Street Address	
Social Security Number		City, State	
Date of Birth		Zip Code	
<b>AUTHORIZATION IS GRANTED TO RELEASE ALL INFORMATION REQUESTED BELOW TO THE ROCKDALE COUNTY PUBLIC SCHOOLS.</b>			
_____ Signature			_____ Date

**Employee: Please complete the above information ONLY and send this form to your previous employer for verification of the following information:**

**Employer: Use one line for each academic year or change in status. Please complete EACH section for experience to be considered.**

- This District/Institution is private  public  and was fully accredited during dates of service by the \_\_\_\_\_ Department of Education and/or \_\_\_\_\_  
State Name of Regional Accrediting Agency
- Did Employee receive an unsatisfactory, ineffective, or needs development annual summative performance evaluation for any year since July 1, 2000?  Yes  No  
 If yes, indicate school year(s) and rating(s): \_\_\_\_\_ (If additional space is needed, please use back of form.)

School District or Institution	State	Dates of Service		Status		Hours per day	Position
		From M/D/Y	To M/D/Y	Full time	Part time		

**GEORGIA SCHOOL SYSTEMS ONLY**

<ul style="list-style-type: none"> <li>• 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.</li> <li>• Date of last paycheck for employee _____ Date of last health benefits deduction _____</li> <li>• State Health Insurance – The employee named above was enrolled for <input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Family coverage under the following option: <input type="checkbox"/> Gold HRA <input type="checkbox"/> Silver HRA <input type="checkbox"/> Bronze HRA</li> <li>• <input type="checkbox"/> HMO Carrier: _____ <input type="checkbox"/> HDHP <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child</li> <li>• Did this employee gain tenure status? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
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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.

_____ <small>Signature of Superintendent or Authorized Official</small>	_____ <small>Title</small>	_____ <small>Street Address</small>	_____ <small>City</small>	_____ <small>State</small>	_____ <small>Zip</small>
_____ <small>Date</small>		_____ <small>Area Code and Telephone Number</small>		_____ <small>Official Seal of School District:</small>	

**Return form to: Rockdale County Public Schools, Human Resources, PO Box 1199, Conyers, GA 30012  
 EMAIL FORM TO: HRVERIFICATION@ROCKDALE.K12.GA.US**