



DIVISION OF HUMAN RESOURCES  
COMPENSATION UNIT

## Verification of Experience Form Bus Driver

Please send the completed form back to the **employee** at the address/fax number provided in the box **below**. The employee collects all verification forms and submits as a complete packet to DeKalb County Schools Human Resources. Employee, please allow up to two (2) pay periods for any salary adjustments to be updated upon receipt of additional related experience.

**Employee should complete the section below and send to previous employer(s)**

Employee's Name: (Last, First, Middle, Maiden)	Social Security Number:	Employee ID: (if applicable)
Employee's Address/Fax to Return Form:		
DeKalb County Position: <b>Bus Driver</b>	Work Location: <b>Transportation-712</b>	
Employee's Signature:	Today's Date:	

**\*\*\*\*EFFECTIVE JANUARY 1, 2013\*\*\*\***

**For experience to be considered for current year salary placement, this form MUST be received in Human Resources within 60 Days of initial hire date. If no previous experience is documented, initial salary is Step 01.**

**TO BE COMPLETED BY AUTHORIZED OFFICIAL**

**Employees should not complete any portion of the information below.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Start Date: (MM/DD/YYYY)	End Date: (MM/DD/YYYY)	Hours Worked Per Day:	Part (PT) or Full (FT) Time?	Position/ Job Title:	Major Responsibilities: (attach job description)

Signature of Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title of Authorized Official \_\_\_\_\_ Telephone \_\_\_\_\_

**SICK LEAVE TRANSFER**

**For GA Public Schools Only.** As of \_\_\_\_\_ (Date) \_\_\_\_\_ days of unused accumulated sick leave are herewith transferred, in accordance with O.C.G.A. 20-2-850, for inclusion in the permanent personnel record of the above-named employee.

**\*\*PLEASE RETURN COMPLETED FORM TO THE EMPLOYEE AT ADDRESS/FAX NUMBER PROVIDED ABOVE\*\***